C+D

1859-2009

Celebrating 150 years in pharmacy

www.chemistanddruggist.co.uk

28 February 2009


# Cat M judgement day

## We take your evidence to the DH

See page 4

# Redesigned to help improve patient compliance

## Pump E45 Cream 3 x 3 a day to help keep infant eczema away

**Dispenses ~4g per actuation**
so patients can pump 3 times, 3 times a day, giving children with atopic eczema the minimum NICE recommendation of 250g each week

**Simple twist and lock pump**


**Slimmer design**
easier to use

anhydrous lanolin
white soft paraffin
light liquid paraffin

**Visibility strip**
so patients can see when they need a repeat prescription

**Improved evacuation**
98% of cream dispensed†

HEALTHY SKIN FEELS GREAT

Prescribing Information: Cream is a white smooth emollient [illegible] w/w, light liquid paraffin [illegible] 1.0% w/w. **Uses:** For the [illegible] traumatic dermatitis, [illegible] of psoriasis. **Dosage** [illegible] and elderly. Apply to the affected part two or three times daily. **Contraindications:** E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:** Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g tub, 350g tub, 500g pump pack. **Basic NHS cost:** 50g £1.40, 125g £2.55, 350g £4.46, 500g £6.20. **Legal category:** GSL.

**Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to the Medical Information Unit, Reckitt Benckiser, Hull (0500 455 456).

**Date of preparation:** February 2009

†Mean

Volume 271 No 6686 First published 15 September 1859 ISSN 0009-3033





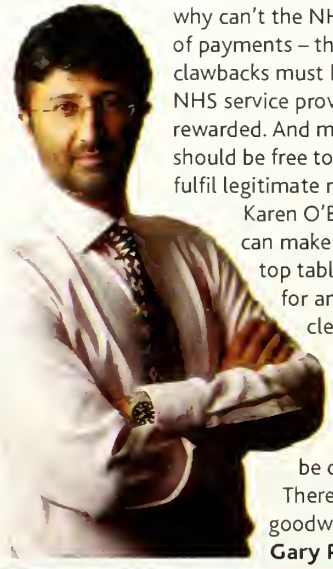
Chemist+Druggist
news education tools for the pharmacy community

## Comment from the Editor

**There comes a time when enough is enough.** For Devon contractor Karen O'Brien, the point of no return came late last year as she faced a cash flow crisis caused by delayed NHS payments and excessive clawbacks.

After talking to her bank and the PCT, the matter came to the attention of MP Adrian Sanders and, before you could say 'NHS payment flows', the Lib Dem MP for Torbay was arguing the case with health minister Dawn Primarolo in a parliamentary debate.

For community pharmacists reeling from the category M clawbacks of the past 18 months, and the prescription switching fiasco widely reported in C+D last year, Ms Primarolo's statement that the Department of Health was "not aware of any pharmacy that is having problems because of the payment flow from the NHS" was like a red rag to a bull.



Some 90 contractors put pen to paper for the Cat M Dossier, detailing the exact difficulties they were facing as a consequence of the NHS payment flows. Tales of staff redundancies, reduced hours, withdrawn services and monstrous overdrafts were all too common.

As C+D's Cat M Dossier was delivered to the Department this week, we called on the minister to look at four areas. Transparency of payments – if wholesalers can provide detailed monthly statements, why can't the NHS Prescription Service? Predictability of payments – the fluctuations associated with Cat M clawbacks must be ironed out. Fair funding – every NHS service provided by pharmacists must be fairly rewarded. And manufacturers' quotas – pharmacists should be free to order as much stock as they need to fulfil legitimate requests for prescription medicines.

> Karen O'Brien has shown how a lone contractor can make a stand and get an issue onto the top table

Karen O'Brien has shown how a lone contractor can make a stand and get an issue onto the top table. Her persistence has been the trigger for an avalanche of support, and there is clearly an undercurrent of exasperation and despair among contractors. But what the Cat M Dossier has also shown is that when the chips are down, contractors will stand up and be counted.

There is only so far you can stretch goodwill, minister.

**Gary Paragpuri, Editor**

## Contents



C+D TABPI Awards 2008
Winner for news coverage


Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D online at: www.chemistanddruggist.co.uk
Subscriptions: With C+D Monthly pricelist £240 (UK), without pricelist £190 (UK). ROW price £355.

Circulation and subscription: UBM Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 438809 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

# C+D campaign hits Westminster

C+D Dossier delivers details of debts, redundancies and shelved services to Department of Health

Zoe Smeaton

**C+D has taken readers' concerns** all the way to Westminster this week, delivering a dossier of evidence showing the financial turmoil caused by category M clawbacks.

Addressed to health minister Dawn Primarolo, the dossier contained responses from almost 90 contractors, detailing how their businesses had borrowed extra cash and laid off staff to cope with category M clawbacks. Further evidence from multiple pharmacy groups and industry bodies was also included.

C+D launched the Cat M Dossier last month after ex-pharmacy minister Dawn Primarolo said the government was "not aware of any pharmacy that is having problems because of the payment flow from the NHS". Her comments came in response to a debate launched by Adrian Sanders MP.

The dossier was backed by contractors and the wider pharmacy industry, and C+D delivered the evidence accompanied by Mr Sanders, pharmacy owner Karen O'Brien and Mike Smith, a locum pharmacist and UniChem chairman.

C+D editor Gary Paragpuri said the dossier made "uncomfortable reading" in his letter to the minister.

A fifth of contractors submitting evidence for the dossier said they had struggled to manage cash flow, with many saying their overdrafts had increased due to the category M clawbacks. For some this was the first time they had gone into the red, with one business taking out an overdraft for the first time in 45 years.

Pharmacists said the variability in payments and the income drops had made it difficult to budget, with some struggling to cover their bills or being forced to use savings or additional loans to stay afloat.

Almost 40 per cent of pharmacists responding mentioned staffing issues, saying they had either reduced hours or made staff redundant. Some expressed fears that this could increase risks to patients, and nearly a quarter of respondents said either that clinical services could not be developed or that they had been forced to reduce services.

The experiences of individual pharmacists were echoed by the multiple pharmacy groups, which reported having to cut staffing levels, close stores and postpone acquisition plans.

From the left, pharmacy owners Nick and Karen O'Brien and UniChem chairman Mike Smith joined C+D reporter Zoe Smeaton to deliver the Cat M Dossier to the government

Wholesalers confirmed that customers had reported difficulties too.

A further letter saying that all clients had been affected by erratic payments was included by Umesh Modi, a pharmacy financial advisor.

## What contractors revealed in the Category M Dossier

**45** years without an overdraft until Cat M

**20** hours extra work per week following staff cutbacks

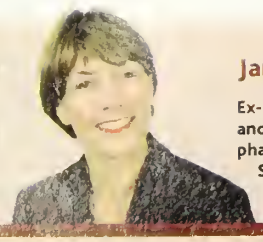
**06** months without paying a salary to self in 2008

**15k** cash shortfall seen in some months last year

**07** per cent drop in gross profits

**115k** borrowed to keep one business afloat

## The Cat M campaign trail



**January 14**

Ex-pharmacy minister Dawn Primarolo riles industry leaders and contractors alike after saying she was not aware of any pharmacy in distress because of payment flows from the NHS. She also denied category M clawbacks had been erratic

CAT M DOSSIER

**January 31**

C+D launches the Cat M Dossier to demonstrate the impact it has had on pharmacy businesses

# Dossier insists on fair funding

Predictability and transparency needed, C+D says

**Zoe Smeaton**

**Pharmacy must have fair,** predictable and transparent funding, C+D has urged minister Dawn Primarolo.

In a letter to the ex-pharmacy minister, C+D editor Gary Paragpuri highlighted the problems contractors had reported in their responses for the dossier.

The letter accompanied the Cat M Dossier and a copy was also delivered to Phil Hope, the current pharmacy minister.

Pharmacists had called for the NHS Prescription Service to give a detailed breakdown of payments and for the ironing out of fluctuations seen with category M clawbacks, to help financial forecasting. Others had asked for prompter payments from the NHS.

Mr Paragpuri called on the minister to address contractors' concerns, and for the DH team to consider the issues raised in the Cat M Dossier.

Lib Dem MP Adrian Sanders, who accompanied C+D to deliver the dossier, said the minister should also regret commenting that the community pharmacy sector had not faced financial difficulties due to NHS payment flows.

Mr Sanders said he hoped that in light of the evidence and the number of cases presented within the dossier, Ms Primarolo would "regret her challenge to whether there are individual cases out there".

The MP also stressed the need for the DH to complete the pharmacy cost of service inquiry quickly. "I think speed is of the essence given the financial difficulties that businesses could find themselves in," he said.


## Cat M heads debate agenda

**Calls from contractors for the** Department of Health and PSNC to reconsider category M dominated debate at last week's Sigma Conference.

Buying group CamRx's managing director Rajni Hindocha asked the government: "Category M is having a huge impact on the pharmacies and their cash flow; is it possible for us to revisit the formula?"

But senior whip Claire Ward MP was unable to make that commitment, she said, as she was not from the DH.

www.chemistanddruggist.co.uk

# Contractors reveal personal cost of cuts

**Financial miseries have had an** impact on pharmacists' personal lives and wellbeing, as well as their businesses, C+D has learned.

Contractors responding to the Cat M Dossier said they had taken on extra workload to compensate for staff cuts. Asif Khan, who owns six pharmacies in Barnsley and Wakefield, said paperwork now had to be done at home, and he often worked "early mornings and late into the night".

This had reduced the opportunity to have a good quality family life, he said. Mr Khan has also been forced to make two members of staff redundant.

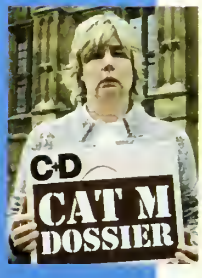
Many contractors said the current climate had increased their stress levels, and Mr Khan said the situation made him "feel like leaving the profession".

Another business owner said the "stress outweighed the reward" in pharmacy now. And Umesh Modi, a specialist pharmacy financial advisor at Silver Levene, confirmed that some clients had considered selling their businesses as the pressure and stress became too much. **ZS**

Has cat M increased your stress levels?
zsmeaton@cmpmedica.com

## Category M QUOTES


"The Department is not in touch with what is happening in pharmacy. Many pharmacies have invested in good faith and seen no payback. There has got to be real recognition from the Department that there are cash flow problems in community pharmacy."
**Mike Smith, UniChem**




"The Department needs to bring the cost of service inquiry forwards urgently and we need to establish some transparency in payments so that we can plan. We need to be able to forecast and currently we're not able to accurately do that."
**Contractor Karen O'Brien**


"I'm hoping the minister will regret her challenge to whether there are individual cases out there, given the number of individual cases [in the Cat M Dossier]. I hope that they take prompt action"
**Adrian Sanders MP**

**February 7**
Frontline contractors flood C+D with personal accounts of the devastation caused by payment fluctuations

**February 14**
Shortline wholesalers reveal a huge rise in late payments from contractors due to cashflow problems blamed on Cat M

**February 21**
Large numbers of pharmacy owners say they have become dependent on overdrafts to survive pay fluctuations

**February 28**
C+D collates the evidence of nearly 100 contractors and delivers the final dossier to Westminster

Want help with your awards entry? See p27
www.chemistanddruggist.co.uk/awards

## Dispensary TALK

### How many drugs are out of stock at your wholesaler?

"One to 25. It is a bit of a nightmare. Patients can't get supplies and it's extra work for us as we're having to chase up doctors for alternatives."
**Nicola Matlock, Park Lane Pharmacy, Carshalton**

"With one wholesaler it's 87. I won't say all of the drugs are needed by me, but it's not uncommon for me to make a 10-mile round trip to a colleague to fulfil prescriptions."
**Brian Deal, Ashwell Pharmacy, Hertfordshire**

### WEB VERDICT:

| | |
|---|---|
| None | 7% |
| One - 25 | 41% |
| 25 - 75 | 34% |
| More than 75 | 17% |

**Armchair view:** Pharmacies are experiencing a vast variation in problems in the supply stream, from major drought to only a slight reduction in the flow of available medicines.
**Next week's question:** Should pharmacists wear an identifying uniform? Vote at www.chemistanddruggist.co.uk

# Fight for your places on PCT boards, MP urges

Senior government whip highlights opportunities in the Health Bill

Jennifer Richardson

**Increased PCT powers to** control market entry represent a "huge opportunity" for community pharmacy, a senior government whip believes.

And pharmacists themselves must fight for places on PCT boards in order to realise this, the MP told delegates at the Sigma conference in Kenya last week.

The planned link between PCTs' pharmaceutical needs assessments (PNAs), market entry and commissioning could enable pharmacists to build ties with PCTs, said Labour MP Claire Ward.

The proposals, laid down in the Health Bill published last month, could "enhance community pharmacies as one of the first ports of call for the public wishing to access healthcare and advice", Ms Ward stressed.

But NPA chairman Paul Bennett told the conference there remained "a lot of concern" about PNAs. And he highlighted a lack of pharmacy places on PCT boards and PBC groups as a barrier to the sector taking on extended roles.

Ms Ward recognised these worries, but argued it was up to pharmacists locally to "make their case" to be represented. "It is essential... local retailers, especially the independents, argue strongly for a place on PCT boards," she said.

With so many healthcare sectors jostling for position, it would be "very difficult" for the Department of Health to specify the constitution of PCT boards, Ms Ward told C+D. "It's for local arrangements to come into play."

As local GPs would have input into the development of PNAs, Mr Bennett added, LPCs must develop good relationships with their medical counterparts to help PCTs construct "carefully considered" assessments.

PNAs – are they an opportunity or threat?
jrichardson@cmpmedica.com

## IPF: be proactive on commissioning

**Pharmacy must do more to** engage with commissioners, the Independent Pharmacy Federation has said.

PCT commissioning lacked consistency and had in some cases been "a nightmare", IPF chairman Fin McCaul told delegates at the Sigma Conference in Mombasa last week. But contractors must "listen and learn what switches them on and how to approach them".

Mr McCaul told C+D: "Pharmacy has to become proactive and become much more engaged in [commissioning], rather than waiting for PCTs to come to us."

His comments came as PSNC invited LPC members to attend seminars on how to influence the commissioning agenda, including the Department of Health's world class commissioning programme and PCTs' pharmaceutical needs assessments (PNAs).

The seminars, on March 26 in London and April 24 in Leeds, will be presented by DH community pharmacy tsar Jonathan Mason and practice-based commissioning (PBC) experts. **JR**

# Cash flow fears greet latest distribution deal

**Contractors have expressed** concern over the impact of manufacturer-led supply deals on their cash flow, as yet another company moved to a reduced wholesaler distribution model.

From June 1, AAH, Phoenix and UniChem will exclusively distribute Smith & Nephew's wound management products to community pharmacies in the UK.

The global medical technology company claimed the deal would:
- improve supply chain integrity and efficiency
- improve stock management and service levels to customers
- improve patient product access
- reduce its carbon footprint.

But contractors told C+D they were concerned about the impact on their cash flow, as the larger wholesalers often offered shorter credit periods.

**The Smith & Nephew scheme further reduces pharmacies' ability to get longer credit terms, contractors claim**

David Sharp, of D&R Sharp Chemists in Doncaster, said: "When you consider how much dressings cost these days, it doesn't take much to have a large bill."

IPF chairman Fin McCaul agreed that reduced terms as a result of manufacturer-led supply deals were "definitely" a problem.

Smith & Nephew (S&N) declined to comment on the issue. A spokesperson said: "Credit terms are negotiated between the wholesaler and the pharmacist and S&N has no control or influence in setting these commercial/trading conditions."

The chosen wholesalers said they were delighted to distribute S&N's woundcare products and emphasised their commitment to customer service under the deal. **JR**

How is your cash flow being affected?
jrichardson@cmpmedica.com

# Welcome to a world of **allergic rhinitis relief...**

Avamys is a new intranasal steroid providing relief from both nasal and ocular seasonal allergic rhinitis symptoms.

It's a once daily therapy[4] available in an award winning device.[5]


**Prescribing Information**
(Please refer to the full Summary of Product Characteristics before prescribing)
**Avamys' ▼ Nasal Spray Suspension (fluticasone furoate 27.5 micrograms /metered spray) Uses:** Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and over. **Dosage and Administration:** For intranasal use only. *Adults:* Two sprays per nostril once daily (total daily dose, 110 micrograms). Once symptoms controlled, use maintenance dose of one spray per nostril once daily (total daily dose, 55 micrograms). *Children aged 6 to 11 years:* One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back down to 55 microgram daily dose once control is achieved. **Contraindication:** Hypersensitivity to active ingredients or excipients. **Side Effects:** *Common:* nasal ulceration. *Very common:* epistaxis. Epistaxis was generally mild to moderate, with incidences in adults and adolescents higher in longer-term use (more than 6 weeks). **Precautions:** Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. Treatment with higher than recommended doses may result in clinically significant adrenal suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. Growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. Monitor height of children. Reduce to lowest dose at which effective control of symptoms is maintained or refer to paediatric specialist. May cause irritation of the nasal mucosa. Caution when treating patients with severe liver disease, systemic exposure likely to be increased. **Pregnancy and Lactation:** No adequate data available. Recommended nasal doses result in minimal systemic exposure. It is unknown if fluticasone furoate nasal spray is excreted in breast milk. Only use if the expected benefits to the mother outweigh the possible risks to the child. **Drug interactions:** Caution is recommended when co-administering with inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and ritonavir. **Presentation and Basic NHS cost:** Avamys Nasal Spray Suspension: 120 sprays: £6.44. **Market Authorisation number:** EU/1/07/434/003. **Legal category:** POM. **PL holder:** Glaxo Group Ltd, Greenford, Middlesex, UB6 0NN, United Kingdom. **Last date of revision:** December 2008

**Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.**



**References:**
1. Fokkens WJ, Jogi R, Reinartz S *et al.* Once daily fluticasone furoate nasal spray is effective in seasonal allergic rhinitis caused by grass pollen. *Allergy* 2007; **62**: 1078-1084
2. Kaiser HB, Naclerio RM, Given J *et al.* Fluticasone furoate nasal spray: a single treatment option for the symptoms of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2007; **119**(6): 1430-1437.
3. Ratner P, Andrews C, van Bavel J *et al.* Once-daily fluticasone furoate* nasal spray (FF) effectively treats ocular symptoms of seasonal allergic rhinitis (SAR) caused by mountain cedar pollen. *USAN approved name. *J Allergy Clin Immunol* 2007; **119**(Supp 1): S231.
4. Avamys Summary of Product Characteristics.
5. Medical Design Excellence Awards 2008 winner. www.mdeawards.com Accessed on 9/12/08. Medical Design Excellence Award 2008 winner. The award is based upon descriptive materials submitted to the jurors; the jurors and the competition operators did not verify the accuracy of any submission or of any claims made and did not test the item to which the award was given. For further information please visit www.mdeawards.com



Code: AVS/FPA/09/39890/1 Date of preparation: January 2009

ALLEN & HANBURYS
GlaxoSmithKline
Freephone 0800 221441
Fax: 020 8990 4328
customercontactuk@gsk.com
customer contact centre
gsk GlaxoSmithKline

## Clinical briefs

### Gardasil to continue

The benefits of Gardasil cervical cancer vaccination outweigh potential risks and should continue, the European Medicines Agency has determined. Concerns were raised after two cases of status epilepticus were reported post-vaccination in Spain.

### Grazax OK for children

Grazax sublingual tablets have been granted approval for use in children aged five and older. The product is licensed for the treatment of severe grass pollen allergic rhinitis and conjunctivitis or severe hayfever.
http://tinyurl.com/d5ke8x

### Pregnant diabetics at risk

Women with diabetes before or during pregnancy are at increased risk of depression. A study of 11,024 patients, published in JAMA, found diabetic women had almost double the risk of depression during or after pregnancy.
http://jama.ama-assn.org

### Aliskiren warning added

Patients who take aliskiren must be warned to seek medical attention if they experience angio-oedema, the European Medicines Agency has urged. The new warning regarding the renin inhibitor has gone to the European Commission for adoption.

### Obesity bad as smoking

Patients who are obese run the same risk of premature death as smokers of 10 or more cigarettes a day. The study, in the BMJ, followed 45,000 men for a median of 38 years. Obese men and heavy smokers had almost double the mortality rate of other patients.
www.bmj.com

# Tesco riles union over staff uniform rollout

Supermarket denies pharmacy staff are being bullied into wearing new attire

Max Gosney

**Union leaders are set to tackle** Tesco over claims the supermarket giant has bullied some pharmacy staff into wearing a uniform.

The Pharmacists' Defence Association (PDA) said it had seen cases where reluctant employees had been told to wear the uniform or leave the business.

Tesco refuted the allegations. Unfairly pressuring staff was "totally against Tesco policy", a company spokeswoman commented. She added: "If they [the PDA] have any evidence [of bullying], then I'd like to see it."

PDA director John Murphy revealed the organisation had been contacted by a handful of members over the incident and would be taking these concerns to Tesco.

Pharmacy staff were being victimised by the "macho" management style of some local store bosses intent on introducing the uniform, he told C+D.

PDA says some Tesco staff are being put under unfair pressure to wear the uniform, a claim refuted by Tesco

Tesco confirmed the rollout of the new uniform was in progress. However, the supermarket said it had worked hand in hand with staff throughout the process.

Staff had been given the opportunity to give feedback on the clothing, Tesco stressed.

The uniform has been launched to help pharmacy staff feel part of the wider Tesco team, the spokeswoman said. Company attire would also make pharmacists more identifiable to the public, she added.

The pharmacy uniform consists of a white tunic or, for senior members of the pharmacy, the formal Tesco suit and a white shirt. Other members of staff will wear a blue or red shirt. Locums are advised to wear business-like clothing.

Tesco pharmacy staff contacted by C+D reported a mixed verdict to the uniform. One employee said she "was quite happy" with the plans. However, a colleague told C+D there was a risk uniformed pharmacists could be confused with "somebody on the shop floor".

# PDA: professional judgement suppressed

**Companies have been accused of** stifling professional judgement after Lloydspharmacy sacked a pharmacist who did not follow a standard operating procedure (SOP).

The PDA said firms risked creating a dogmatic culture where procedure ruled over patient interest.

The Lloydspharmacy store manager supplied a repeat prescription without first receiving full paperwork from the GP. The pharmacist had checked with the surgery that the prescription was imminent, the PDA said.

Lloydspharmacy said it was unable to comment on individual cases due to confidentiality. However, it said SOPs were designed to help protect patients and employees.

The staff member had been penalised for using his professional judgement to meet the patient's needs, the PDA claimed.

However, the dismissal was upheld during internal disciplinary proceedings last month. The staff member was ruled to have "technically" supplied a POM without a prescription. **MG**

60M - 200FT

# H

36M - 120FT

# ELPS

24M - 80FT

# REDUCE

18M - 60FT

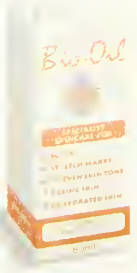
# THE APPEARANCE

12M - 40FT

# OF SCARS AND STRETCH MARKS

Bio-Oil® is clinically assessed to help improve the appearance of old and new scars and is suitable for all scar types, including striae. It contains the breakthrough ingredient PurCellin Oil™, natural plant oils and vitamins A and E. Bio-Oil should be applied twice daily for a minimum of three months. It is available at pharmacies from £8.95. bio-oil.com

**Results of clinical trials**: Photobiology Laboratory MEDUNSA 2006 1. Appearance of Scars: 65% improvement in appearance observed at 4 weeks (panellists: 24 Caucasians age 18–60, comprising 22 females & 2 males) 2. Appearance of Stretch Marks: 50% improvement in appearance observed at 8 weeks (panellists: 20 Caucasian women age 18–55) 3. Appearance of Uneven Skin Tone: 93% improvement in appearance observed at 6 weeks (panellists: 30 women age 18–55, comprising 15 Caucasian & 15 Negroid). All trials were observed by an independent expert clinician. They were single-blind & randomised with intra-subject comparison under controlled conditions.




UNION-SWISS | SUCCESSFULLY TREATING SKIN SINCE 1954

## Conference bites

### eBay-style site for stock

Sigma has launched an eBay-style website for contractors to buy and sell stock. SigXchange will allow pharmacists to trade products reaching expiry, uncollected customer orders and incorrectly ordered or delivered products.

### NPA travels down under

NPA bosses are heading down under to discover how their Antipodean counterparts have successfully developed pharmacy services in partnership with the government. CEO John Turk and chairman Paul Bennett will next month visit employers' association, the Pharmacy Guild of Australia, after previously hearing from representatives at an international conference.

### Ability aids info event

The Department of Health has organised an event to inform retailers, including community pharmacies, about plans to transform ability equipment services (C+D, February 21, p5). The session, on March 2, is free to attend and will provide contractors with further details of how they can become accredited to fulfil planned prescriptions for aids for daily living. For more details, contact Phil Stephens on 0207 972 1215.

# Work together warning

Speak with one voice, Sigma Conference delegates in Kenya urged

Jennifer Richardson

**Pharmacy must work together** as a sector in order to meet future challenges, speakers at the Sigma Conference in Kenya warned.

Independent contractors should speak with one voice and consider co-operative models, as well as work in conjunction with multiples, delegates were told.

It was vital for independents to present a coherent view on issues affecting their businesses, a senior government whip told delegates. "By doing this you will be able to add far greater weight to the voice of the independent sector," said Watford MP Claire Ward.

Ms Ward also urged independents to consider consortia and co-operative models to boost their businesses and influence. She told C+D: "I'm very much in favour of pushing the co-operative model."

However, contractor Raj Rohilla, of Richmond Pharmacy, Surrey, said his experience of such models was that they did not work because they were "anti-competitive". Mr Rohilla added: "I do believe that pharmacies need to work together but as consortia it's very difficult."

Independent contractor delegates were also encouraged to build bridges with multiple chains. Community pharmacy as a whole could benefit from both sectors' strengths, NPA chairman Paul Bennett said, and build the "shared and trusted brand of community pharmacy". He concluded: "Working together, pharmacy cannot only survive but thrive."

And IPF chairman Fin McCaul agreed: "We all think the pharmacy down the road is the opposition... but we're all in the same boat."

**Claire Ward MP told delegates in Mombasa that it was vital for independents to present a coherent view**

# Brown says thank you to pharmacy

**Gordon Brown has issued a** personal thank you to the pharmacy sector at an international industry convention.

A letter from the Prime Minister opened the conference of pharmacy supplier Sigma in Mombasa last week. Mr Brown said: "I am pleased to take this opportunity to convey to you and the whole conference my support for so much important work."

He added: "There's no doubt of the vital importance of your industry, including the generic and pharmacy sectors, to improve access to medicines."

The message was delivered to the conference by senior government whip Claire Ward MP. **JR**

Which political party is best for pharmacy?
jrichardson@cmpmedica.com

# 'Wake up' to new revenue streams

**Pharmacies must "wake up" to** the need to develop new revenue streams and reduce their reliance on NHS dispensing income, Sigma Conference delegates were told.

Speakers at the Mombasa convention last week suggested several ideas for contractors to expand their businesses.

"We need to wake up – we're not about buying and supplying any more," IPF chairman Fin McCaul told fellow independents. "Accept that we're going to have to change."

And NPA chairman Paul Bennett agreed: "The sector is exposed, I would suggest, because of its heavy reliance on the NHS."

The government supported the development of internet pharmacies, senior whip Claire Ward MP said. "You cannot leave this to others if you want to be strong players in the pharmacy business," she said. "It's going to be a massive expanding market in future years."

However, Mr McCaul warned patients needed face-to-face contact with healthcare professionals. He said: "Internet pharmacy is one solution but it's far from the only solution."

Animal health was another "massive" and growing market, ideal for community pharmacies, delegates heard. Rohit Shah, of Lister Chemist, said the conference had inspired him to explore stocking pet medicines. **JR**

# Soothing **dry eyes** is now so easy[1,2]

## sufferers can do it with their **eyes closed**

**A lot of people suffer from dry eyes, but many of them avoid treatment because they find drops and gels difficult or messy to use.**

By simply spraying it onto closed eyes, even while wearing contact lenses or make-up, Optrex ActiMist™ Eye Spray can give effective relief of that dry, irritated feeling. The liposomes in Optrex ActiMist™ Eye Spray help repair[1] the major cause of dry eyes – an unstable tear film.[3,4]

**How refreshingly simple.**


For information an mode of action, visit: www.optrex.co.uk 1. Dieter D et al. Comparative study of treatment of the dry eye syndrome due to diminished quality of the tear film lipid layer with lipid-containing tear substitutes. Klin Monatsbl Augenheilkd 2006; 223: 974-983. 2. Lee S et al. Ein neues Therapiekonzept zur Behandlung des trockenen Auges – die Verwendung von Phaspholipid-Liposomen. Klin Monatsbl Augenheilkd 2004; 221: 825-836. 3. Lemp MA. Report of the National Eye Institute/Industry workshop on Clinical Trials in Dry Eyes. CLAO J 1995; 21: 221-232. 4. Shimazaki J, Sakata M, Tsubota K. Ocular surface changes and discomfort in patients with meibomian gland dysfunction. Arch Ophthalmol 1995; 113: 1266-1270.

Optrex **We understand the language of eyes**

As the RPSGB launches an initiative to improve patient safety through pharmacy, some experts say it's too little too late. **Zoe Smeaton** assesses the situation

# The medicines mess

Laden with errors and posing a health risk: experts say the supply of medicines to UK patients is a mess. Research suggests that more than 7 per cent of prescription items written contain errors, and over 6 per cent of hospital admissions are caused by OTC and prescription drugs such as NSAIDs and beta-blockers.

Pharmacists must shoulder some of the responsibility, with studies indicating that in community pharmacy the dispensing error rate is over 3 per cent. Up to half of patients are also not taking their medicines correctly, implying that the sector could do more to boost patient understanding of medicines and adherence.

In response to the situation, the RPSGB last week released a report on tackling medicines safety. The document makes recommendations for the new professional leadership body to help improve the situation over the next five to 10 years. But how have we got to this stage in the first place?

John Murphy, director of the Pharmacists' Defence Association, says there are so many demands on pharmacy that patient safety is bound to suffer. The public can add pressure as they are often more concerned with speed in pharmacy than with safety. "Patients accept safety as a given," he warns, adding, "they have been conditioned into believing that the best pharmacies are the ones that are more convenient for them".

Mr Murphy blames the commercial agenda of community pharmacy for some of the problems. And the evidence does seem to suggest this could be the case. A study of independent pharmacies revealed a dispensing error rate of over 3 per cent. But the rate in hospital pharmacies is likely to be under 1 per cent, according to Professor Nick Barber of The School of Pharmacy, University of London, an author of the RPSGB report. The exact cause of the differences between the sectors is as yet unknown, but working conditions in community pharmacy could be responsible for some dispensing mistakes, the RPSGB report concludes. Too many pharmacists are working in cramped and under-lit conditions, it says.

Pharmacists are "afraid" to speak out about poor working conditions that could jeopardise safety

The Society is "laudable" to recognise these issues, Mr Murphy says. But he warns that their report does not tackle key issues such as the fact that pharmacists are afraid to speak out about working conditions that could threaten accuracy and safety. He explains: "There's no real incentive for people to be whistleblowers

> "As is often the case with the NHS and issues of patient safety, there is not enough sense of urgency about addressing the problem"

## Dispensing errors: a workload issue?

A study in independent community pharmacy suggests that 3.3 per cent of items are dispensed incorrectly. Experts suggest that a stressful working environment could be to blame, and initial results from C+D's salary survey seem to support this. The early results found that 86 per cent of respondents had suffered from stress and 57 per cent were poorly motivated.

The culture apparently held by some patients that pharmacies should dispense as quickly as [illegible] has also been blamed by some industry leaders. They say patients are putting extra pressure on pharmacists, and C+D's early results show that 52 per cent of respondents had experienced intimidation from customers and 16 per cent discrimination.

# LETHAL OBSESSION

Weight loss is a vital part of cardiovascular risk management and weight loss with Xenical can have a significant impact upon key risk factors.[1-5] When you help change their weight, you help change their future.

**Adverse events should be reported.**
**Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Roche Products Limited.**
**Please contact Roche Drug Safety Centre on: 01707 367554**

Roche **PRESCRIBING INFORMATION. XENICAL (orlistat). Indications:** XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m², or BMI ≥28 kg/m² with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after meals (only 30% of calorie intake from fat). **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Precautions:** Monitor anti-diabetic drug treatment. Co-administration of orlistat with ciclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K), patients should be advised to have a diet rich in fruit and vegetables. The possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. Caution should be exercised when prescribing to pregnant women. Studies have shown no interaction between orlistat and oral contraceptives, however an additional contraceptive method is recommended to prevent possible failure of oral contraception that could occur in case of severe diarrhoea. Rare cases of rectal bleeding, generally of mild intensity have been reported and prescribers should investigate further if symptoms are severe or persistent. **Drug Interactions:** A decrease in ciclosporin levels has been observed in an interaction study. Co-administration with acarbose should be avoided. INR values should be monitored if patient is on warfarin or other anticoagulants. Reinforcement of clinical and ECG monitoring is warranted if patient is on amiodarone. **Side-effects:** Please consult the Summary of Product Characteristics for full details of adverse events. **Common:** Influenza, anxiety, headache, respiratory infection, urinary tract infection, menstrual irregularity, fatigue and gastrointestinal such as oily spotting, abdominal pain, increased defecation and flatulence. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. The incidence of adverse events decreased with prolonged use of orlistat. **Serious:** Very rare cases of increases in liver transaminases and alkaline phosphatase and also cases of hepatitis. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Rare hypersensitivity reactions of angioedema, bronchospasm and anaphylaxis. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £33.58. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited 6 [illegible] Shire Park, Welwyn Garden City, AL7 1TW, UK. Further [illegible] available on request. Xenical is a registered trade mark. **Date of preparation:** June 2007.

**References: 1.** Hollander PA et al. Diabetes Care. 1998; 21: 1288-1294. **2.** Hanefeld M and Sachse G. Diabetes Obes Metab 2002; 4: 415-423. **3.** Sharma AM and Gelay A. J Hypertens 2002, 20: 1873-1878. **4.** Broom I et al. Br J Cardiol 2002, 9: 460-468. **5.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161.

XENICAL®
**orlistat 120mg**

**Block fat and help change their future**

J9792055T August 2008.

because they are frightened of losing their jobs."

Mr Murphy adds that pharmacy regulations are also geared towards blaming an individual when errors occur, whereas in other industries this conclusion is a last resort.

Katherine Murphy, director of the Patients' Association, backs the report, but warns fast action is needed. She says while the report is a first step, "what patients value most is action". And she adds: "As is often the case with the NHS and issues of patient safety, there is not a great enough sense of urgency about addressing the problem."

One reader posting on the C+D website shares the sentiment, calling the report: "Another waste of paper that keeps the academics in a job. Wake me up when something actually happens." But apart from sleeping until something more happens, is there any way for the sector to move forwards now?

Perhaps the first thing to do is to accept that there is an issue. Alastair Buxton, head of NHS services at PSNC, says while the situation is improving: "I think pharmacy does tend to forget that there is still a big problem with medicines and we should be taking centre stage in tackling that." Mr Buxton says the RPSGB report provides a "good reminder" for the sector, and he urges pharmacists to reassess their priorities and focus on the importance of safety.

Professor Barber says pharmacists need to look at existing errors and error rates to inform their next moves. He says fast action is required from the sector, and suggests: "The first thing to do is to look at your own processes and try to work out what your own error rate is and what you can do to make processes safer." Pharmacists should monitor their errors, recording near misses and remaining vigilant for prescribing errors. "Just knowing how frequent errors are can help pharmacists realise how much vigilance is required," he says.

As well as looking inwards though, pharmacists should also consider how they can boost safety by giving patients a better understanding of their medicines and improving adherence. Professor Barber says pharmacists should work with patients, checking if they have queries or problems, and he adds that MURs could be "part of the answer".

So it seems there is a lot that can be done to improve the situation, and it's not all bad news. As Mr Buxton says, improvements have been made, such as with the reduction in scripts written by hand that were a possible cause of errors in pharmacies. And given the renewed focus on the issue, with pharmacy bodies such as PSNC and the NPA also pledging their support for the RPSGB's moves, things can probably only get better.

A spacious, well-lit working environment can reduce the rate of dispensing errors



# Letters

## UniChem backs Cat M campaign

**I wholeheartedly support the** C+D campaign on category M.

It comes as no surprise to me that Dawn Primarolo made the recent statement in the Commons debate on category M.

Her statement reflects the response I received from her at a House of Commons hearing two years ago and reconfirms the need for the government to truly engage with pharmacy. Is this a case of blind ignorance or just selective deafness? For it is certainly a most ill-informed and badly phrased reply from a senior minister during this time of unprecedented change in the industry.

It is clear from my many conversations with pharmacists that they are experiencing significant cash flow problems. The fact is that profit from purchasing has been subsidising the dispensing function for some years and now too much has been recovered. This, coupled with the collapse of the parallel import market, has meant that margins have fallen, and margin on a lower cash number means less cash profit and therefore cash flow problems!

I would urge all contractors to write to C+D to make their difficulties known.

**Mike Smith, chairman, UniChem**

## Simvastatin statement is a myth

**In his letter (C+D, February 7,** p14) commenting on the article on the future of P medicines (C+D, December 13, 2008, p10), Malcolm Gardiner's contention that: "All the evidence-based information suggests the 10mg strength of simvastatin available as a P medicine is not necessarily the appropriate dose for patients needing a reduction in cholesterol levels, and that a higher dose may be more appropriate", reflects a myth.

Over 20 published studies document that the 10mg OTC dose on average reduces LDL-cholesterol by 27 per cent. This is because of the dose-response: 10mg provides 73 per cent of the reduction provided by the 40mg higher prescription dose, at one-quarter of the dose. This reduction is estimated to reduce 10-year CHD risk by about one-third.[1] Doses of 20mg and 40mg are considered appropriate for higher risk patients on prescription; for moderate risk OTC consumers the 10mg dose maximises the benefit while minimising the side effect risk.

In terms of the cost of treatment, rather than 'up to £10 or more', the RRP for a four-week supply of Zocor Heart-Pro is £7.99. Actual retail selling prices are at the complete discretion of the retailer and as such a four-week supply of Zocor Heart-Pro is often available at many outlets at a price point lower than the RRP. The moderate risk groups are not currently eligible for prescription supply, which is for CVD 10-year risk of 20 per cent and above.[2]

**Jerry Cottrell, director of clinical affairs, Johnson&Johnson**

1. Law, M et al. Br Med J 2003; 326: 1423-9.
2. www.nice.org.uk/TA094



Please email us with your letters including your name, address and contact number to: **haveyoursay@cmpmedica.com**. Or write to the Editor at: **C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE**. Letters may be edited for content and length

**Xrayser** What's your view? haveyoursay@cmpmedica.com

# How can this be happening?

**Boy did Assura hit the headlines last week with its** controversial proposal to cut PCTs' drugs budgets and share the profits with GPs (C+D, February 21, p5).

Interested commentators were quick to air their views: "Despicable," said the chairman of the GPC prescribing subcommittee. "Astonishing," said the president of the National Association of Primary Care, and "plain bribery" was how David Pruce chipped in.

But what I want to know is, if we already have PCT pharmaceutical advisers, who are paid a salary to implement prescribing guidelines based on the latest independent evidence, why do we need private companies coming in to run the service? Do we really need to pay GPs to follow their advice?

I couldn't put it any better than David, who argued that it was wrong to "cut pharmacists out of the prescribing conversation for the sake of financial reward". He described this scenario as not only "morally wrong" but also one that "could put the lives of patients at risk".

I just do not understand how the PCTs could agree to the Assura-GP proposal. I could pick a list of cheap drugs myself and persuade GPs to prescribe them for a decent fee. It's not exactly rocket science.

And of course we will be the ones taking the hit for what one GP newspaper called "the most dramatic incursion yet of the private sector into the NHS". We'll be the proverbial punch bag for angry patients whose medication was changed with no explanation, the diplomatic envoy to practices sorting out problems, and the fall guys picking up the tab for increased prescribing of branded generics and dead stock. Assura is said to be negotiating deals with two PCTs and in contact with at least six others. I hope mine is not among them.

If there's a lesson here for the NHS, then it's the same old line – the private sector does it better (more cheaply and efficiently) because they are not bogged down in politics and bureaucracy. Assura's actions have only been made possible because, according to the same newspaper, PCTs have lost faith in the ability of practice-based commissioning to deliver savings. PBC, like so many similar NHS initiatives, from LIFT to polyclinics, is such a complicated mish-mash that it is more a job creation scheme than an efficiency measure.

So to keep it simple – all PCTs should employ enough pharmaceutical advisers and support effective communication with GP practices. Then there won't be a gap in the market for private initiatives like this one.

**Locum at Large** What's your view? haveyoursay@cmpmedica.com

# Day-to-day support would boost low morale

**I was more than a little pleased** to read the letter from the Royal Pharmaceutical Society's president in C+D a few weeks ago on the subject of stress in the workplace. If ever there is a subject that needs investigation, surely this is it.

I have worked for many companies and have found cases where employees, especially pharmacist managers, are subject to intolerable levels of stress with only lip service paid to dealing with the issues. In fact, I wouldn't be surprised if morale in community pharmacy is the lowest in the entire retail sector – I know of no other area where staff work under such conditions of absolutely unrelenting pressure. Day in, day out, with long hours, for often six days a week.

Apart from the pressure of promptly dispensing ridiculous numbers of prescriptions, often with huge quantities of medication, the staff are expected to cope with endless demands from management, who appear to have little, if any, appreciation of the workload they place upon their staff.

On the rare occasions I go shopping with my wife, I often end in the supermarket or other retail stores and watch the staff at work. How incredibly leisurely it all seems. Nowhere is there anything


like the frenetic rush that is a constant feature of community pharmacy life.

Staff appear to have almost all day to do everything, whereas I always maintain that everything I do, I have to do in the next two minutes. A script, a phone call, a customer, a query, goods to check, items to enter in the CD register, a private script to dispense, price and enter, an irate customer chasing up yet another endless repeat – it never stops and I invariably drive home completely knackered and not much good for anything except falling asleep in front of the TV.

One could argue that in every company and at every level there is someone above cracking the whip. Category M and the financial crisis have had a devastating effect on the economics of community pharmacy, but the difficulty that companies appear to have in retaining good staff, particularly pharmacists, must surely send a message that something is amiss.

The locum sector is the largest it has ever been, much of it ex-managers fed up with the pressure of trying to run a pharmacy in an environment of unsympathetic pressure. Support for staff is not just about budgets, merchandising and visits from the area manager. While some AMs do seek to support and help those in their patch, others rarely wish to hear about the day-to-day issues that inevitably arise.

I have said before that a little less management and a bit more leadership would not go amiss in community pharmacy, but my hopes of getting it grow dimmer by the week. There is an 'us and them' attitude prevalent throughout the sector as a remote senior management is often perceived to be uninformed about issues often of vital concern to staff, who usually want nothing more than to be happy in their work and to do a good job for their employer.

Steve Churton's investigation couldn't have been better timed.

£2m CONSUMER CAMPAIGN COMING SOON

# THE MOTHER (AND FATHER) OF ALL POM-TO-P SWITCHES.


It is now possible to treat people with confirmed chlamydia and their sexual partners without a prescription. Chlamydia is the most common sexually transmitted infection. People generally don't know they have it, but left untreated chlamydia poses a serious threat to fertility. Now you can offer potential mothers and fathers the reassurance of a diagnostic test and - *for the first time without prescription* - an oral antibiotic to clear the infection.

It's called the Clamelle chlamydia service, a significant public health initiative made possible by the POM-to-P switch of azithromycin. To take part you will need to register with the NPA, complete your Clamelle training and order Clamelle. Then you'll be ready to help your customers on their way to parenthood.

To register with the NPA, contact 01727 800 401.

Clamelle®
Azithromycin 500mg Tablets

The first OTC oral antibiotic is here to treat chlamydia.

# An ethical dilemma...

This series aims to help you use your professional judgement in making the right decisions when confronted by an ethical dilemma. Each month, we present a scenario likely to arise in a community pharmacy and ask a member of the Pharmacy Law and Ethics Association (PLEA) to comment on the legal and ethical implications of the actions open to you. Readers are invited to have their say at **ethics@cmpmedica.com**

## A 15-year-old requests EHC

You are a locum in a pharmacy whose PCT has a patient group direction for named pharmacists who have done the PCT's training to supply free emergency hormonal contraception. You are not one of them, but you have done a parallel course and are negotiating for your training to be recognised by other PCTs. One Saturday afternoon on a Bank Holiday weekend, a 15-year-old girl requests EHC but has no money as she thought it was free. The first pharmacy she tried was out of stock. You cannot make an OTC supply (she has no money and is under 16), you cannot make a PGD supply and you cannot easily refer as the surgeries are closed for three days. What should you do?

### The clinical lecturer's view

Although the first principle of the Code of Ethics is to "make the care of patients your first concern" this does not give you the authority to make an unlawful supply of a POM. You will need to satisfy yourself that there is no feasible lawful way you can meet this patient's request (assuming there is not a walk-in centre or A+E department nearby).

You need to gather more information about the patient's circumstances and interview her in a private area. A male pharmacist should consider having a female assistant present as a chaperone.

Your initial consideration would be to provide EHC as an emergency supply at the patient's request. You should establish that an emergency does exist, that intercourse has taken place in the last 72 hours and the girl has previously been prescribed EHC by a relevant prescriber. If these conditions have been met and supply is clinically appropriate you should also consider whether the 15-year-old is Gillick (or Fraser) competent* and whether you have any suspicions of child abuse before providing the product.

You should advise her on the need to obtain longer term contraception and take precautions against sexually transmitted diseases, and suggest she makes an appointment with her GP or the family planning clinic. You should record the supply in the prescription-only register and either agree to payment at a future time or forego payment.

If emergency supply conditions have not been met then you cannot make a lawful supply. As other contraceptive methods are still available, such as insertion of an intra-uterine device, you could advise the girl to attend the surgery or clinic as soon as they re-open after the weekend. If this is not feasible you could consider making an unlawful supply using principle one of the Code of Ethics as your justification, making a record of your reasons and the factors you have considered.

As the supplying pharmacist you will be responsible and liable for the appropriateness and safety of the supply of EHC without a prescription or PGD.

*Ruth Rodgers MRPharmS, PhD, BPharm, FIPharmM, senior/clinical lecturer in pharmacy practice, Medway School of Pharmacy, Universities of Kent and Greenwich.*

**The Gillick case established that a girl under 16 could consent to contraceptive treatment without disclosure to the parent, providing the child had sufficient understanding and intelligence to appreciate fully what was proposed. Later legislation stated that a child under 13 did not have the capacity to consent to sexual intercourse, meaning that the pharmacist must consider the possibility of abuse.*

### Where does the law stand?

It is a criminal offence (fraud) to claim a payment to which you are not entitled, whether that payment is for you or another party. If the terms of a PCT-commissioned service are not met (eg if the service is provided by a pharmacist without the relevant PCT training), a payment should not be claimed.

Where a PCT finds out about claims for services outside the scope of those commissioned, it usually starts a fraud investigation. There are cases of PCTs investigating pharmacists when an enhanced service has been provided by non-qualified staff. Convictions do occur, although they are rare, eg recently a smoking cessation advisor (not a pharmacist) was convicted of defrauding a PCT of £90,000 and received an 18-month jail term.

As fraud allegations are notoriously difficult to prosecute, a more likely outcome is disciplinary proceedings by the PCT, which could lead to a contractor being removed from the PCT's list or having conditions imposed, and a subsequent investigation by the Royal Pharmaceutical Society.

*Noel Wardle of Charles Russell LLP, specialists in pharmacy law.*

> "If emergency supply conditions have not been met then you cannot make a lawful supply"

This article can help in the following CPD competencies: **G1d, G1h, G1l, G1m, G5c, G7a, G7b, C2a.**

CPD

Next month: Narcotics

PLEA is an association of pharmacists interested in law and ethics, and lawyers or ethicists specialising in pharmacy, with the aim of promoting understanding of the ethical basis for professional judgement. For more information contact: www.wingfieldworks.co.uk/plea/index.htm

### What would you do?

**Do you agree with the options laid out here, or can you see another possible solution to this problem? Email us at ethics@cmpmedica.com**

C+D Clinical

# Allergies at home and work

How to identify and treat the possible causes of occupational and domestic allergies

## 60-second summary

**Did you know we share our beds with up to 10 million unwelcome visitors?**
Faeces from house dust mites are an important source of domestic allergies, giving rise to rhinitis and possibly asthma.
**Why can someone suffer an allergic reaction to rubber without touching it?**
Inhalation of latex particles can cause respiratory symptoms. Other airborne allergens in the workplace include glues, flour, biological enzymes in food and detergents, and fumes from soldering.
**What can pharmacists do?**
By close questioning you can establish a possible cause and exclude other conditions with similar symptoms. You can recommend ways of avoiding the allergen, together with OTC treatments to control symptoms affecting the eyes, respiratory system and skin. Asthma should be referred and you should know what to do in an anaphylactic emergency.

**Emma McConnell PhD**

Think how much of your life you spend at work and in your home. Now imagine if you had to spend all that time with a runny nose, itchy skin or shortness of breath. That can be the reality for people suffering from occupational and domestic allergies.

CPD

This article (Module 1466) can help in the following CPD competencies: **G1a, G1c, G1d, G1q, C1a, C1f, C2a, C3e.** See http://tinyurl.com/68ox7b

## Your Continuing Professional Development

CPD

### Reflect

What should you do if a person suffers from anaphylaxis? What questions could you ask to determine what was causing a patient's allergic symptoms? What could you recommend for allergies that disturb sleep? How might house dust mites be eradicated?

### Plan

This article describes the causes of allergic reactions at home and in the workplace. It suggests how to minimise allergen levels from pets and house dust mites. It includes advice about allergy symptoms and treatment and how to help patients detect the allergen responsible.

**The average bed is home to between 100,000 and 10 million dust mites, which are one of the most common sources of domestic allergies**

According to Allergy UK, as many as one quarter of the UK population will be affected by allergies at some point in their lives and the numbers are increasing every year. Pharmacists have an important role to play, including helping patients pinpoint the source of their allergy and advising on the best treatment. The most common symptoms presenting in the pharmacy will be skin and respiratory-based

## Domestic allergens

The most common household allergens are pet dander, dust mite excreta and mould, which are widely associated with asthma and perennial rhinitis. Perennial allergic rhinitis occurs when these allergens cause inflammation of the respiratory mucosa, triggering a host of respiratory symptoms such as a runny nose, congestion, sneezing, post-nasal drip and sore throat.

Cats, dogs, horses, birds and small animals such as mice, hamsters and guinea pigs produce proteins in their saliva, urine, sweat and dander that act as allergens. Common allergic symptoms are runny nose and sneezing, coughing, wheezing, tight chest, rashes, pruritus, urticaria, blocked sinuses, headaches and poor concentration.

If these allergies are severe, or there is eczema or asthma, it may be advisable to remove the pet from the home. However, many patients will not consider this a viable option and so steps must be taken to minimise allergen levels:

- pets should be kept out of bedrooms and living areas
- where possible, carpets should be replaced with hardwood flooring
- floors and furnishings should be vacuumed regularly using a HEPA filtered vacuum cleaner
- small animals should have their cages cleaned regularly – urine in bedding is a major source of allergen
- larger animals should have their bedding washed frequently (once a week)
- dogs should be groomed and bathed regularly (not by the sufferer) to keep dander at a minimum, and cats should be bathed once or twice a week
- pets should not be allowed to lick hands or faces.

Keeping pets out of the bedroom might be easy, but it is an unfortunate fact that we each share a bed with 100,000 to 10 million dust mites. Dust mites like warm, damp environments and the bed is the perfect home: they have a food source (dead skin cells), water (sweat) and warmth (body heat).

It is the dust mite faecal material that can trigger an allergic reaction, which generally affects the respiratory tract. These are usually rhinitis-like symptoms, but dust mites also cause allergic reactions in 85 per cent of asthma sufferers.

Treating dust mite allergy begins with controlling the levels of dust mites in the home. This can be achieved by:

- washing bedding above 60°C on a weekly basis
- using allergen-proof barrier covers
- keeping soft furnishing/carpets to a minimum in the bedroom
- using a HEPA filtration vacuum cleaner
- removing soft toys from the bedroom
- using washable curtains or blinds.

Like the dust mite, mould thrives in warm damp conditions, and is a major cause of household allergy. The control measures are similar to those for dust mites, but efforts should also be made to reduce humidity. This may involve opening windows, and using extractor fans and dehumidifiers.

**TABLE 1: QUESTIONS TO ASK PATIENTS WITH ALLERGIES**

- What are the main symptoms and their severity, frequency and duration? Skin or respiratory?

*These affect treatment choices. Severe reactions should be referred.*

- Are there any diurnal/seasonal patterns in symptoms?

*Dust mite allergies may be worse in the morning after contact with the bed. Mould allergies may present in autumn/winter when houses are less ventilated.*

- Any previous allergic disease/family history of atopic diseases eg childhood eczema, hayfever or asthma?

*Atopic individuals are more likely to present with allergic reactions.*

- Any home, outdoor and working risk factors such as chemicals or pets?
- Are any other medicines being taken, either for allergies or other non-related conditions?

*Thorough questioning is important as the symptoms described can be indicative of other diseases/conditions.*

- Any other symptoms?
- Any relevant hobbies such as exposure to animals or chemicals eg glues?
- Any recent repeated exposure to new products eg change in detergents, new cosmetics?

## Occupational allergens

Occupational allergies are often due to hypersensitivity to a chemical to which an individual is exposed as part of their working life. Where this affects the skin, it is known as allergic contact dermatitis. It can occur after only a few exposures to the chemical, or after years of repeated exposure. Once sensitised, the person usually remains allergic for life. There is some overlap with domestic allergies, as many of these chemical allergens can be encountered in the home, such as in detergents or in cosmetics.

It is important to note that in allergic contact dermatitis the affected area may not necessarily be at the site of contact with the offending agent and could be widespread. Skin symptoms will generally present as a rash, with itching or swelling; there can be blisters, weeping and redness. More serious cases can progress to wheezing or anaphylaxis (see anaphylaxis information online at www.chemistanddruggist.co.uk/update). Treatment depends on the severity of the sensitivity and the offending chemical should be avoided as much as possible.

Avoiding latex may prove difficult as it is present in many everyday products. Allergies to rubber latex are increasing; around 6 per cent of the population are thought to suffer from a latex allergy, and the severity can range from a mild urticarial rash to anaphylaxis, which can occur within minutes of contact. Groups at particular risk are healthcare workers, those in the rubber industry, patients who have undergone multiple surgeries and those predisposed to allergy. Patients should be advised to tell their doctors, dentists and other persons who may use latex gloves (eg beauty therapists), and should be advised against the use of latex contraceptives. Latex-free condoms are available. Patients can contact the Latex Support Group, or the Anaphylaxis Campaign for more details.

Skin contact with rubber is not necessary for an allergic reaction to occur; inhalation of latex particles can lead to respiratory symptoms. In fact, allergic occupational or work-related asthma can be triggered by a great number of airborne agents including rubber. The most common are allergens from laboratory animals, spray painting, biological enzymes (food or detergent industries), fumes from soldering, flour, and cyanoacrylate glues used in the plastics.

## Diagnosis .

The association between allergen and allergy is often obvious, and avoidance and treatment can be started immediately. When the cause is unclear, good questioning by pharmacists can help establish a cause (Table 1 above). Failing this, GPs can carry out a diagnosis using skin prick tests or blood tests to assess sensitivity to materials.

Other medical conditions that present with similar symptoms should be excluded. For example, allergic contact dermatitis differs from chemically induced irritant contact dermatitis. Rather than having an allergic basis, irritant contact dermatitis results from exposure to chemicals that cause direct damage to the skin. The affected region will be confined to the area of contact and will generally present in a similar manner to mild eczema: possible

skin maceration, itching, swelling and redness. Chemical irritants include detergents, hair perming/tinting products, solvents, plastics and oils, or fertilisers. The treatment for irritant contact dermatitis is short-term hydrocortisone cream 1 per cent and protection of the affected area from further exposure to the product.

## General treatment points

- For widespread dryness or itching, hydrating emollients can be beneficial.
- In more severe skin flare-ups of allergic contact dermatitis, corticosteroids (hydrocortisone or clobetasone) are suitable, subject to over the counter restrictions.
- Antihistamines (acrivastine, cetirizine, loratadine, chlorphenamine) can be used for urticarial rashes, itching and nasal symptoms such as sneezing and rhinorrhoea.
- Where the allergy disturbs sleep, a sedative antihistamine (chlorphenamine, diphenhydramine, promethazine hydrochloride) should be considered.
- Topical antihistamines (mepyramine, diphenhydramine and antazoline) can be used for localised skin itching.
- Where nasal symptoms predominate, decongestant, corticosteroid (beclometasone or fluticasone) or sodium cromoglicate nasal sprays or drops can be used.
- Eye drops containing sodium cromoglicate, lodoxamide, nedocromil (POM) or antihistamines (azelastine, POM) can be used for eye symptoms (itching, watering).
- If asthmatic symptoms predominate, the sufferer should be referred to their doctor for anti-inflammatory or bronchodilator inhalers as necessary.
- More severe reactions should be referred, and for life-threatening anaphylaxis, treatment should be with epinephrine (adrenaline) injection (see anaphylaxis information online at www.chemistanddruggist.co.uk/update).

## Final points

The treatment of allergic reactions should be controlled to a large extent by lifestyle measures and avoidance, with medicines to help symptoms. Possible complications should be borne in mind, such as a greater susceptibility to respiratory diseases and ear infections, which may be of particular importance in children, and the risk of skin infection from scratching.

The ability of allergies to interfere with a patient's health and happiness should not be underestimated, and pharmacists are well placed to help.

Emma McConnell is a research scientist with Merck Sharp and Dohme Ltd. She wrote this article while a Research Fellow at The School of Pharmacy, University of London.

**Further information**

Allergy UK: www.allergyuk.org
The Anaphylaxis Campaign: www.anaphylaxis.org.uk
The Latex Allergy Support Group: www.lasg.co.uk
World Allergy Organisation: www.worldallergy.org

## Your Continuing Professional Development

CPD

### Act

- More information about allergies can be found on the Allergy UK website www.allergyuk.org/allergy_whatis.aspx. Read about multiple chemical sensitivity and how the different types of allergy tests are carried out.
- Update your knowledge of anaphylaxis on the Anaphylaxis Campaign website http://tinyurl.com/bfu4og. Watch the video clip on how to administer adrenaline using EpiPen and Anapen http://tinyurl.com/d2bphw.
- Read more about house dust mites and their eradication on the Housedustmite.org website www.housedustmite.org/homepage.asp, particularly the flashbooks, research and questions sections. Print out any material that may be useful. How could you use this information to help your patients?
- Revise your knowledge of allergy and anaphylaxis treatment by reading section 3.4 in the BNF and further information with this article online at www.chemistanddruggist.co.uk/update. Read the Allergy section of the C+D Guide to OTC Medicines and familiarise yourself with the OTC products available. Which would you recommend? Make sure your counter staff are aware of your choices.
- For further learning, the CPPE has a programme on Allergy manifestation and management (reference 38033) available at www.cppe.ac.uk or on 0161 778 4024.

### Evaluate

- Are you now familiar with the common allergens that can be found in our homes and at work? Could you help a patient identify the cause of an allergy? Could you confidently give advice on reducing exposure to allergens and about treatment for symptoms?

## 5 MINUTE TEST

### What have you learned?

Test yourself in three easy steps

**Step 1**

Register for Update 2009 and you will receive a unique PIN number.

**Step 2**

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

**Step 3**

Use your PIN to complete the assessment online or phone through your answers. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will also be able to download an RPSGB-approved CPD certificate. It's that simple.

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at **www.chemistanddruggist.co.uk/update** or by calling 01732 377269.

Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

**Get an RPSGB-approved CPD certificate for your portfolio when you successfully complete the 5 Minute Test online**

## Sign up for Pharmacy Update and win!

**There are prizes to be won in the new-style Update 2009 – so register now!**

Each month all those who complete the CPD for at least one module without making a single mistake will be entered into a £50 prize draw. And those who achieve a year's-worth of correct answers will be entered into a £400 prize draw.

**The Update January winner is Lesley Moore of East Grinstead, who achieved top marks in all four modules.**

## Products in brief

### Online support for HiBi

A website for professionals and consumers has been launched to support the HiBi infection control brand. The home page carries the 'MRSA – Let's scrub it out' message, while pages are included for specific groups who could benefit from using HiBi range, such as those going into hospital. The site aims to be informative and user-friendly, says Steve Evans, international business development manager for manufacturer Mölnlycke Health Care.

Mölnlycke Health Care
Tel: 0870 606 0766
www.hibihealth.com

### Blossoming online

The Carnation Footcare brand has been given a new website. Information is included on all Carnation products and the site is designed to make it easy for users to find the right product to match their needs. Common problems such as corns, blisters, cracked heels and callouses are covered. A page of everyday footcare tips spans children's and adults' feet with special advice for the elderly and diabetics.

Cuxson Gerrard
Tel: 0121 544 7117
www.carnationfootcare.co.uk

### From P to GSL

Nicotinamide 4 per cent w/w topical gel may now be supplied on general sale for the treatment of mild to moderate inflammatory acne vulgaris, the MHRA has announced. Dendron is planning to launch a 10g GSL variant of Freederm next month.

www.mhra.gov.uk

### T&R takes Cerumol

Earwax treatment Cerumol has been sold to Thornton & Ross by Laboratories for Applied Biology. T&R takes over the sales, distribution and marketing with immediate effect.

Thornton & Ross
Tel: 01484 842217


# Eyes open for Diopti revamp

**Lesley Ribbens**

The Diopti skincare range for use around the eyes has been reformulated to contain greater levels of botanical extracts. The resulting products promise improved effectiveness and tolerance, says Lierac.

Packaging is colour-coded to aid selection and the brand claims to be eco-friendly, being free from parabens, phenoxyethanol, synthetic colouring agents and perfumes, and presented in recyclable aluminium tubes.

Among the seven-strong range, tailored for specific eye concerns, are Dioptigel to tackle undereye puffiness, anti-wrinkle Diopticrème, Dioptilisse to give tired eyes a boost and Diopticalm to decongest and soothe tired or irritated eyelids.

The brand, which has been established for over 30 years, offers consumers customised advice via its website.

**Product info:**
Lierac
Tel: 0207 620 1771
www.lierac.com

# Here comes the sun with 50+

A children's SPF50+ variant has been added to the Anthelios sun protection range within the La Roche-Posay skincare brand. Anthelios Dermo-Kids cream SPF50+ is water, sand and sweat- resistant.

Also new is Anthelios XL Spray SPF50+, a multi-purpose spray for all the family containing tropical plant extract Senna alata for added UV protection. Claiming to melt into the skin for easy application, the product is water resistant and contains selenium-rich La Roche-Posay thermal spa water. SPF20 and 30 variants, not containing Senna alata, are also available.

The formulations of Anthelios Fluid Extreme SPF50+, Melt in Cream SPF50+ fragrance free and Tinted cream SPF50+ have been updated with the addition of Senna alata.

**Prices:** Kids £16.50; Spray £18.50
L'Oréal; tel: 020 8762 4000

# Slimming aid heads up Boots launches

Boots is set to launch a slimming supplement, designed to be taken before large meals.

Triple Action SlimAid claims a three-fold action, containing potato extract to promote a feeling of fullness, green tea for its metabolism-boosting properties and a range of vitamins to maintain energy levels. The 30-tablet packs will be in-store from April 27 and will retail at £21.99.

As part of its summer product launch, the multiple has unveiled an 'Expert' range of orthodontic products, in-store from June and including toothpaste and mouthwash (both £3.49); and a podiatrist-designed orthotics range of insoles for postural problems, in-store from April at £21.49 per pair.

April will also see the addition of an allergy nasal spray at £5.59 and an intimate vibrating ring twin pack, £9.99, to existing Boots ranges.

# Say aloe

Drug-free hayfever balm HayMax has launched the HayMax Aloe Vera variant. Applied to the nose two or three times a day, the balm is said to relieve sneezing and soreness. It is organic and includes 18 amino acids plus enzymes and minerals. Nationwide PR and advertising is running throughout the hayfever season and free display and tester packs are available.

**Price:** £6.80/5ml
HayMax Ltd
Tel: 01525 406600

# Tailor made

To aid dispensing, our high quality generic products are presented in distinctive, colour-coded packaging.

**Expertly tailored to meet your needs.**


Winthrop
PHARMACEUTICALS
Economise without compromise

For further information please visit our website www.winthrop-pharma.co.uk, freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS. Fax number 01483 554809. Date of preparation: April 2008 STW 351

Need help surviving the credit crunch?
Turn to p30 for part two of our survival guide

## Products in brief

### Skin cancer tips online

This week sees the launch of a public awareness website, MySkinCheck, created to promote self-examination and aid early detection of skin cancer. The brand behind the site, L'Oréal's La Roche-Posay, hopes consumers will also be encouraged to adopt sun smart practices. Details are included on the importance of early melanoma diagnosis and the causes and risk factors for skin cancer. Melanoma Awareness Month takes place in May.
www.myskincheck.co.uk

### Skincare for men

French skincare brand Lierac has launched Homme, a range for men. Six variants are available. Anti-fatigue moisture gel cream is said to leave skin feeling revitalised and awakened while Soothing balm contains mint and calendula extracts to prevent razor burn and soothe irritations. An eye contour cream, shaving foam, anti-wrinkle moisturiser and cleanser complete the line-up.
Price: from £9.50-£31
Lierac; tel: 0207 620 1771

### New Vichy duo

The Lift Activ CxP skincare range from Vichy is being extended with Lift Activ CxP UV SPF15, which contains UVA and UVB filters as well as apricot kernel oil and beeswax. Another new addition, Lift Activ CxP Eyes, contains active ingredients to soothe and protect the eye contour area. The products are aimed at 40 to 50-year-olds.
Prices: UV SPF15 £24.50/50ml; Eyes £19/15ml
Cosmetique Active
Tel: 0208 762 4030

# Friendly first aid

A new edition of the First Aid Manual has been launched by Dorling Kindersley (DK). It gives details of how to deal with more than 100 medical conditions and injuries such as asthma, burns and allergic reactions.

The 13 chapters in this, the ninth edition, include step-by-step photos reflecting real-life scenarios laid out in a user-friendly design. DK worked in collaboration with St John Ambulance, St Andrew's Ambulance Association and the British Red Cross in creating the book.


A PDF of first aid techniques for treating asthma, choking and strokes, based on the book's content, can be downloaded from DK's website.

**FREE!**
We have three copies of DK's First Aid Manual to give away to C+D readers. To enter, email your name and address to competitions@cmpmedica.com with 'First Aid' as the subject by March 16

**Price:** £12.99
Dorling Kindersley
Tel: 020 7010 3000
www.dorlingkindersley-uk.co.uk

# Duchy's herbal trio of tinctures

Duchy Herbals is a new range of herbal tinctures available from Duchy Originals and produced by Nelsons. Designed to provide natural and alternative ways of treating common ailments, the range comprises three products.

Echina-Relief tincture contains echinacea and is said to help alleviate the symptoms of cold and flu type infections. Hyperi-lift tincture relieves symptoms of slightly low mood and mild anxiety. It contains hypericum. For consumers wanting support for the body's natural elimination and detoxification processes, Detox tincture contains extracts of dandelion and artichoke.

The echinachea and hypericum products are the first UK produced herbal tinctures to be approved under the Traditional Herbal Medicinal Products Directive laid out by the MHRA.

The products are currently only in Boots and Waitrose. Distribution will be extended in the future.

**Price:** £10/50ml
Duchy Originals
Tel: 020 8831 6800

# Look out for AMD symptoms

A campaign has been launched to raise the profile of age related macular degeneration (AMD), the UK's leading cause of blindness. The over-55 age group is being targeted and encouraged to familiarise themselves with the symptoms of AMD and have regular eye checks.

Print and television advertising is running and a website has launched for those wanting more information.

Early signs to be aware of include blurred vision, distortion of straight lines, blind spots and loss of central vision. Risk increases with age while people who smoke, those with a family history of AMD, caucasian ethnicity or cardiovascular disease have a greater chance of developing AMD

Novartis Pharmaceuticals created the 'be AMD aware' campaign and won the support of the Royal National Institute of Blind People.

**More information:**
www.beAMDaware.co.uk

# Attack on hunger

The 4.3.2.1. weight loss range from Arkopharma has been extended with the launch of Caloriattack. Said to control hunger pangs, the product can be used alongside a calorie-controlled diet to help dieters stop overeating or snacking between meals.

Each pack contains 15 sachets. One sachet should be dissolved in water to give an apple-flavoured drink to be taken before big or fatty meals.

The ingredients in 4.3.2.1. Caloriattack include Konjac glucomannan (1.5g), xanthan gum (200mg), pectin (200mg) and inulin (chicory root; 200mg). When combined with water, these high density polysaccharides swell to provide a sensation of satiety, says Arkopharma.

**Price:** £13.21/14x5g
**Pip code:** 342-7507
Arkopharma
Tel: 020 3006 7290

## Products advertised on TV next week

**Canesten:** All areas
**Cura-Heat Back & Neck Pain:** All areas except GMTV
**DulcoEase:** GMTV, Sat
**Seven Seas JointCare and Cod Liver Oil:** All areas
**PharmaSite for next week: Panadol** – windows, **Panadol** – in-store, **Panadol** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## A Practical Approach — Drinker's rash?

**'What's the matter Pat, you** look upset," says David Spencer, pharmacist at the Update Pharmacy, as he takes a prescription from his neighbour and regular patient Pat Stanbridge.

"Upset? I'm absolutely fuming!"

"What about?"

"I've just been practically accused of being an alcoholic. And you know me David, I hardly drink at all."

"Who accused you of it, and why?" David asks.

"The practice nurse at the surgery, when I went to pick up my repeat prescription and have a regular blood pressure check. I just happened to mention to her that I've developed this rash over my cheeks and nose, and she said it's the kind of rash that people get when they drink too much."

"I can't see any rash," David says.

"No, I've put make-up over it again," Pat replies, taking a tissue from her bag and wiping off the make-up. "Can you see it now?"

"Oh yes, and I've an idea what it might be. You came off the contraceptive pill a few months ago, didn't you?"

"That's right. Why, has that got something to do with it?"

"Possibly," says David. "If it's what I think it is, it's nothing serious. But you should go to your GP to get it confirmed. And while you're there I think you ought to tell him how his practice nurse upset you."

**Questions**

1. What is David's provisional diagnosis?
2. Assuming David's diagnosis is correct, what is/are its:
a) epidemiology
b) causes
c) symptoms
d) treatment.

**Can you suggest a scenario for Practical Approach? We're offering a £10 Amazon voucher for those we publish. Email ideas to haveyoursay@cmpmedica.com**

**Answers**

1. Rosacea, also called acne rosacea.

2a) Incidence about one in 10 in the UK, although many cases are mild. It usually develops initially between ages 30 to 50. Women are more commonly affected than men, and it's more common in fair-skinned than dark-skinned people.

b) Unknown, but contributing factors may include: fragility and permeability of dermal capillaries; sun exposure; hair follicle mite – demodex follicularum; auto-immune reaction; possibly androgen-related in women.

c) Can include: flushing, erythema, pustules, papules and telangectasia. Usually confined to central areas of the face: cheeks, forehead, nose and around the mouth and chin. Not usually painful or irritating, but in some cases there may be a burning feeling over the affected skin. Mild eye symptoms, including burning, stinging, itchiness, dryness, photophobia and sensation of a foreign body in the eye, can occur in up to half of cases.

d) Identifying and avoiding possible triggers, including: strong sunlight (and use of sunblocks to reduce effects of the sun); extremes of temperature (particularly excessive heat); alcohol; strenuous exercise; stressful situations; spicy food; hot drinks. Camouflage creams can be used to help cover and conceal erythema and telangiectasia. In more serious cases, papules and pustules are treated with topical metronidazole or azelaic acid, or six to 12-week courses of oral antibiotics, usually tetracycline, oxytetracycline or erythromycin. Co-cyprindiol is sometimes prescribed for women if the cause is thought to be hormonal.

This article can help in the following CPD competencies: **G1a, G1c, G1d, G2o,C1f**. See http://tinyurl.com/68ox7b

CPD

**C+D's A Practical Approach is supported by** APOTEX UK LTD

# C+D AWARDS 09

# Your turn in the spotlight

Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services. Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-registration student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

**Enter online today**
**www.chemistanddruggist.co.uk/awards**

In association with

NPA National Pharmacy Association

Actavis · McNeil Products Ltd. · Pfizer · Reckitt Benckiser Healthcare · Sunstar G·U·M Healthy Gums. Healthy Life. · Care · GlaxoSmithKline Consumer Healthcare · P&G Pharmacy Care · TEVA UK LIMITED

# 10 top tips
## for creating a great award entry


*"Judges don't know who you are. Now is not the time to be shy!"*

Entries close in one week for the C+D Awards, so get your skates on

### Be prepared
Don't leave it to the night before. You haven't got much time before the deadline, but still enough to prepare a decent entry. Plan out what you need – examples of the practice leaflet, testimonials, photos of you in action, a copy of the write-up in the local paper or PCT newsletter for example. Rewrite your sentences to convey the information in as few words as possible. Remember the limit is 500 words.

### A good entry form
Read it carefully, don't leave blanks, double check spellings, answer the criteria. Address the criteria for the category, not what you think it is or should be. Stick to the entry criteria – if you don't it could mean immediate disqualification. Don't try and reuse an entry for one category in another. It won't be specific enough and you'll lose marks. Rob Darracott, CCA chief executive and C+D judge, says: "Make sure your entry clearly addresses the criteria for the category. If it doesn't, you're not going to make my first cut."

### The devil is in the detail
The judges can only measure you on what you tell them, so tell them everything. Make a colleague or partner read it. Do they understand it? Have you forgotten to state the obvious? Judges may not know the abbreviations for your qualifications, local health projects etc, so spell them out. Have you assumed too much prior knowledge? Judges don't know who you are, your qualifications and what you're like to work with. Now is not the time to be shy!

### A story to tell
You've got to have achieved more than your job description, so what else have you done? Always making the first round of tea probably won't win you the award. Do a couple of drafts before you fill in the form. C+D Awards judge Alan Nathan says: "The top three or four entries in each group I judged stood out from the rest. All had put effort into producing a comprehensive account of their achievements."

### Accuracy
Spelling, grammar, legible writing. If judges can't read or understand what you've written they'll give up. If spelling isn't your strong point use the spellchecker or get a friend to edit your work. Don't lie or exaggerate. Don't take the credit for someone else's work. You will get found out.

### Make it interesting
Don't make it jokey, and DEFINITELY NOT IN CAPITAL LETTERS, but make sure your entry stands out. Judges might be looking at dozens of entries – why should they pick yours? Highlight the unusual or innovative. Include testimonials – copies of thank you cards, letters from customers, your line manager or area manager.

### Be original
If you've featured in a magazine such as C+D or OTC don't use a copy of it in place of your entry. We want to hear what you've done in your own words. Use it as supporting documentation; you can upload up to 5MB of information on the online entry form. Nicola Brady from the Co-operative Pharmacy and a C+D judge says: "Entries that had supporting documentation made it easier to see what they had done and entries that were well put together, logical and thought out were far easier to judge – quality over quantity!"

### Results
Don't just tell us you have taken some blood pressures, tell us how many patients you've seen. Have you done 50 per cent of the pharmacy's total? Do you have the best quit rate for the pharmacy's smoking cessation service? If your numbers have grown, say from what, not just to where. Giving financial specifics is part of the entry criteria. All the judges have signed confidentiality agreements and C+D won't publish commercially sensitive information in the shortlist or winners' write-ups.

### Do it
The main thing is actually entering. You have to be in it to win it! It's not going to cost you anything to enter, other than some time and maybe a dozen cups of coffee. C+D Pharmacy Assistant of the Year Amanda Wells says: "You'll shake like a leaf [when you win] but it's well worth it. Have a go!"

### Blow your own trumpet
Modesty won't get you to the winners' rostrum. Use 'I' not 'we'. You put the work in, it's time to take the credit. Get more hints and tips at www.chemistanddruggist.co.uk/awards
Good luck!

FREE job listings

# Quids in!

## Let C+D save you money with FREE online jobs advertising

**Target** more than 15,000 pharmacy professionals with **free** job listings on **C+D's** website

**For a limited period C+D is offering free online recruitment advertising at www.chemistanddruggist.co.uk/jobs**

**Call Jonathan Franklin on 020 7921 8333 today to find out how C+D can improve your recruitment prospects**

# What makes a great business leader?

Pharmacy Business Leader of the Year is a new category in this year's C+D Awards. But what makes a good business leader? James Clegg finds out

From William Randolph Hearst to Bill Gates, the modern age has been moulded by businesses and the people who run them. But what qualities exemplify a great business leader? The cynical among us might say ruthlessness and cunning. According to Jo Owen, himself a successful businessman, this is not the case. In his 2005 book, How to Lead, Mr Owen took a survey of 700 business managers, conducted through the non-profit organisation Teach First he helped to found, to see what they valued in a leader. The five factors listed below were the answers he got; hardly a description of Wall Street's Gordon Gecko.

## Ability to motivate others

Management of staff is obviously key in developing any business but where do you begin? Money is a good start. In 1914 when Henry Ford, father of the modern automotive industry, had problems retaining staff he introduced a $5-a-day salary, more than double what it had been before. He soon found his turnover problems had come to an end.

> "What qualities exemplify a great business leader? You might say ruthlessness and cunning. But this is not the case"

Money is not the only way to motivate a workforce. A great leader also needs to inspire and that means being able to communicate with their employees. How do you explain to them the importance of the vision and make them share it? More importantly, what is the vision?

## Vision

Who would have thought a 20-year-old starting his own mail order business selling discounted vinyls in 1970 would end up running a massive global brand incorporating airlines, TV channels and record labels? Possibly Virgin boss Richard Branson who, in his 1998 biography Losing My Virginity, said: "My interest in life comes from setting myself huge, apparently unachievable challenges and trying to rise above them."

Branson's vision is based on going one bigger and better than before, but humbler aims could be possible. Such as increasing revenue by a certain amount, targeting a new market or providing a new service. The important thing is a leader can see where they are going and how to get there.

## Honesty and integrity

The last few decades have seen the rise of 'ethical' business and corporate responsibility, perhaps best personified by the late Anita Roddick whose Body Shop chain refused to stock any products tested on animals.

But honesty and integrity are not just about corporate ethics. Again it translates to how a business leader relates to the people around them, be it more junior employees, board members or shareholders so the business can work together as a whole.

## Decisiveness

Being a leader means making choices and being confident enough to exploit opportunities as they present themselves. Sir Alan Sugar is notable as a dynamic and aggressive decision-maker. Far from just barking "you're fired" at unfortunate runner-ups in The Apprentice, Sir Alan's canny eye for new technology in the 1970s and 1980s saw him propel Amstrad to become one of the world's leading suppliers of affordable home electronic equipment.

## Ability to handle a crisis

At no point is decisiveness called upon more than when the going gets tough, as many people at the top will be finding out at the moment. But crisis management is not just a test of thinking fast in the short-term; it's also a case of tenacity.

Sir Alan's counterpart in the US version of The Apprentice, the real estate tycoon Donald Trump, was one of the most successful and recognisable businessmen of the 1980s. Spiralling debt brought him to the verge of bankruptcy in the early 1990s, but he ended up back on top by the start of this century, showing that the best business people are survivors. Now it looks like he's in trouble again with one of his hotel/casino businesses in New Jersey filing for bankruptcy protection. Can he bounce back a second time? Probably.

**James Clegg is a freelance writer based in London**

## The expert's view

**Nick Parfitt is a manager at Cubiks, a specialist HR consultancy providing services that include personality assessment, competency profiling and leadership development. He explained what he thought some of the traits of a good business leader are.**

**"You can train people to be managers, but when it gets to leadership it gets very difficult. People may develop them over time. But what you're really looking for is more innate personal qualities: someone's ability to be inspirational, having a vision and leading people towards it, being passionate and I think integrity and ethics are important too.**

**"We often find good leaders are the ones who have a high sense of self-awareness of their own development needs. Some do think themselves bullet-proof, but it's those who are willing to learn and are forever thinking 'I could be doing better at this', who tend to rise to the top of the tree."**

Survival guide PART TWO

# The taxman's helping hand

CREDIT CRUNCH SURVIVAL GUIDE

Is your pharmacy suffering cash flow problems, and are you having to borrow to pay taxes such as VAT and corporation tax? If so, HM Revenue and Customs may have a solution for you with the BPSS. **Paula Tallon** reveals a little-known service from the taxman

## What is the BPSS?

Pharmacies of all sizes that are feeling the effects of the economic downturn will be relieved to hear HM Revenue and Customs (HMRC) has set up a 'Business Payment Support Service' (BPSS) to help them pay their income tax, corporation tax, national insurance or VAT liabilities by allowing payment over a period that is "as long as they need".

Businesses have always been able to ask HMRC for more time to pay, but the BPSS promises to make this easier by speeding up the process, relaxing the conditions and allowing a longer payment period. HMRC says it will discuss options tailored to the business's needs and try to agree an "affordable payment timetable".

## What do you need to do?

To take advantage of this opportunity, you (or your appointed tax adviser) should first check the guidance available on the HMRC website (www.hmrc.gov.uk/pbr2008/business-payment.htm). If this doesn't answer the questions sufficiently, then contact the BPSS helpline well before the date on which the tax becomes payable. The number to ring is 0845 302 1435, and the service is available Monday to Friday from 8am to 8pm and on Saturday and Sunday from 8am to 4pm. The HMRC adviser will only ask for the information they need to make a decision, such as your tax reference number, details of the tax liability, and basic information on your cash flow (ie income and outgoings) and a proposed payment plan. Where possible, they will then arrange to collect these by direct debit payments.

## Will the helpline give me an immediate answer on all my tax debts?

HMRC says in most cases it should be able to give a decision in about 10 minutes. Larger or more complicated debts will need a longer, more detailed discussion. This is because there will be instances – for example where there are a number of different debts – when helpline staff will need to obtain information and advice from a different HMRC office. In such cases they will take down your details and that office will aim to call them back within four working days or sooner.

### BPSS statistics

- 14,000 calls received
- More than 5,800 time-to-pay arrangements agreed on the spot totalling over £103 million
- More than 2,400 cases referred for further consideration, totalling over £153m
- Over 3,500 general enquiries

Source: HMRC, calls received from November 24 to December 10

## What would HMRC not consider to be a reasonable time to pay?

HMRC's approach is to consider all requests and in some cases it may need to ask more questions to establish what is reasonable in the circumstances. In some cases a request may not be reasonable if it does not start to address the size of the debt and the debt is continuing to increase.

## How much tax can be paid in instalments?

Decisions will be made on a case-by-case basis and it will consider all requests regardless of the sums. Obviously larger debts and those that are more complicated may require a more detailed discussion.

## Will HMRC treat businesses with smaller debts any differently to those with larger debts?

It doesn't matter if you are a single pharmacy or a group – HMRC will treat all debts on their facts but it expects to reach an agreement with minimal documentation for most smaller debts.

> "Decisions will be made on a case-by-case basis and HMRC will consider all requests regardless of the sums"

## What does the BPSS not cover?

The BPSS is for new enquiries only. If an HMRC office has already contacted you about an overdue payment, then you should call that office to discuss further payment options. Similarly, if you have an existing payment arrangement, but are now concerned that you may not be able to meet the terms, you should discuss this with the HMRC office that agreed the arrangement.

However, if you've received a warning letter about court action and cannot get through to the office that sent it, then call the BPSS to explain the situation.

Unfortunately, HMRC will not repay amounts that have already been paid or agree a new arrangement for these, even if you are experiencing difficulties after paying the tax.

## What about interest and other charges?

No additional charge will be made for agreeing an arrangement under the BPSS, and no late payment surcharges will be made for amounts included in an arrangement. Interest will continue to be charged in those cases where it applies. However, the main rate of interest for late income tax and corporation payments was reduced from 6.5 per cent to 5.5 per cent on December 6, 2008, and a further reduction may soon be made following the recent cuts in the base rate.

## What capacity does HMRC have to deliver this service?

The helpline alone will be able to handle up to 3,000 calls an hour. As you would expect, the busiest times for their helplines are generally 8.30 to 10.30am and 12.30 to 2pm.

## Any particular points to watch?

Yes – there are some things you need to note. Some late VAT payments give rise to a 'default surcharge', but HMRC says that any such charge will be cancelled where the agreement was reached after the introduction of the BPSS. Businesses will need to check that this does indeed happen.

## Conclusion

In a recession, it is more than ever the case that every little helps, and cash flow is a priority. At a time when borrowing is difficult, businesses – pharmacies included – should certainly take advantage of this opportunity to finance their tax payments at a very reasonable rate.

**Paula Tallon is a partner in BDO Stoy Hayward LLP, Chartered Accountants; paula.tallon@bdo.co.uk**

## Survival guide lesson two

- **Don't struggle with cash flow problems, call the BPSS and see if it can help**
- **No cash problem is too big or too small for BPSS**
- **Don't delay dealing with debts – surcharges will mount up**
- **HMRC can't help with financial difficulties you're experiencing after paying your tax bill**

## VAT on imports

If you import goods you can take advantage of an existing HMRC facility that can help businesses to counter the effects of the credit crunch and the falling pound. Importers and their advisers should look again at the Simplified Import VAT Accounting (SIVA) scheme, which can reduce borrowing requirements and improve cash flow.

**What is SIVA?**
SIVA is a scheme that enables UK VAT-registered importers to defer payment of import VAT without having to provide a guarantee.

**What are the main benefits?**
VAT on goods imported into the UK is normally payable at importation unless a particular relief applies. Under the SIVA scheme, payment is deferred by up to 45 days. The 'no security' feature avoids the cost of servicing a bank guarantee.

**Who qualifies for SIVA?**
Businesses that meet all of the following conditions:

- registered for VAT for at least three years
- aable to demonstrate a good compliance history and payment record
- able to pay all amounts deferred under the SIVA scheme
- able to demonstrate a 12-month international trading record, with good compliance.

A particular point here is that a business that has recently re-registered for VAT following a company restructuring or change of ownership may not qualify under the three-year rule. However, it may still obtain SIVA approval if it can provide additional information to enable HMRC to assess its eligibility.

**Any particular conditions?**
Payment of the deferred import VAT must be made by direct debit. A limit is placed on the total amount that can be deferred each month, and if this is exceeded, any additional amounts must be paid immediately.

Form SIVA 1 can be downloaded from http://tinyurl.com/siva1

## Contact details at a glance

**BPSS helpline: 0845 302 1435**
**Monday to Friday: 8am to 8pm**
**Saturday and Sunday: 8am to 4pm**
**www.hmrc.gov.uk/pbr2008/business-payment.htm**

Next week in part three of the Credit Crunch Survival Guide:
**How to increase your health and beauty sales by 20 per cent**

Independent pharmacies are wearing the trousers in London, outnumbering their multiple colleagues convincingly. But this is not the case in the rest of England, so what is it about the capital that allows it to buck the trend? **Zoe Smeaton** and **Christopher Chapman** investigate

# London calling independents

## LONDON CALLING the facts

**Dispensing volumes in London are lower than those in the rest of the country, and the area does not seem to be making up for it with a higher rate of service provision.**

**The average number of items dispensed per pharmacy per month in England was 5,856 in 2007-08; the figure for those in London was almost 30 per cent lower at 4,253. Just six other PCTs in the country had averages below 5,000 including: Derby City, Leicester City teaching, Heart of Birmingham and West Hertfordshire.**

**According to the Information Centre, 23,551 pharmacy services were commissioned in 2007-08 in England, working out at 2.29 per pharmacy. In London the average was only slightly higher, coming out at 2.42 services per pharmacy.**

It is no secret that in London pharmacy, independents rule the roost. A walk down most of the capital's high streets is more than enough to confirm this truth. But take a look at the official figures, and the statistics are startling.

According to the March 2008 annual report on pharmaceutical services by the NHS Information Centre, in England just 39.1 per cent of pharmacies are owned by independents (with multiples being defined as a business owning six or more pharmacies). But in the area covered by the London Strategic Health Authority, independents dominate, owning 63.5 per cent of pharmacies. In Islington, which has the highest number of independents, more than 80 per cent of pharmacies are owned independently.

### Not so simple

A delve into the figures reveals that it's not a simple case of independents dominating in urbanised areas either. Across the rest of England, just six other PCTs have more than 60 per cent of their pharmacies owned by independents, but big cities such as Manchester and Leeds do not crop up on this list. So what is so special about London?

According to some industry experts, the answer is not very much at all. Many believe that the independent dominance in London is more to do with multiples avoiding the area than independents choosing it.

John D'Arcy, commercial director at Rowlands, says: "I wouldn't say it's a case of independents being attracted to London, it's more a case of multiple growth being elsewhere." And David Kent, chief executive at Camden & Islington LPC, agrees: "I think the answer has to be that pharmacies traditionally have been too small, mostly single-handed and the big groups haven't been interested."

This disinterest from the multiples can perhaps be explained with another look at the figures (see London calling: the facts). The average number of items dispensed per month per pharmacy in London is almost one-third lower than in the rest of the country.

And the lower turnover does not seem to be compensated for in service fees. Combined with high staffing costs, rental rates and logistical issues such as the time and money involved in travelling around London, profits in the capital are not likely to be high. This will make the area less attractive to multiples, whose business models require high turnover pharmacies.

Andy Murdock, pharmacy director at Lloydspharmacy, agrees that high overheads and low script volumes could be putting the multiples off the London area. And Mr Kent confirms that times in London are tough

> "We treat it as our own business, and that's where we're winning over the [bigger] multiples"

and many independents are running on determination alone. "A lot of pharmacies are borderline viable, but pharmacists are dedicated and want to maintain their independence," he says.

## Independent survival

But it's not all doom and gloom, as some say independents can thrive in London. The very fact that many independents have been established in the community for years means their rental and business loan rates may have dropped, making survival easier. And as the city is a network of small, often close-knit, communities, some pharmacists in London think this makes independents more suited to the area.

Small businesses can tailor their stores individually more easily and having a low staff turnover means they can forge stronger relationships with their patients. As Fin McCaul, chairman of the Independent Pharmacy Federation, says: "There are quite diverse populations within that area and independents have an ability to provide a better service to those populations and retain the business."

One 'multiple' in the area proving this point is Clockwork Pharmacy, which has 11 branches. Managing director Prashant Patel believes the company's success is because each of the stores is run separately, as if it were an independent. "Even though they are under our brand, each manager will run his pharmacy on an individual basis, so, by and large, they have carte blanche to do what they want within the NHS framework." As one pharmacist, Bipin Patel, says: "We treat it as our own business, and that's where we're winning over the [bigger] multiples. Everyone knows this shop as Billy's shop, not Clockwork."

Others suggest the population of London also helps drive the high number of independent pharmacy businesses.

Umesh Modi, a specialist financial advisor to pharmacies, says many of his independent pharmacy clients are based in London and around the M25 rather than across the rest of the UK. Mr Modi says he cannot see any major differences in the business models of his London clients and those elsewhere. A possible reason though, he feels, is the high density of ethnic minorities living in the London area.

"Pharmacy is a diverse industry which has proved particularly popular in some cultures. Nowadays many pharmacy business owners, certainly among my clients, hail from ethnic minorities in the UK. With lots of those minorities living in the London area, perhaps the trend has simply arisen because these people have chosen to buy their businesses close to home," Mr Modi says.

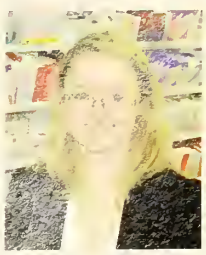
### London: the independent view

**Ulrika Dewhurst**, of Carter's Chemist in Islington, believes the trend in London is borne of a historical feature. Small neighbourhoods formed, she says, with each having their own chemist and doctor. "The Victorian concept is really rooted in the neighbourhood," she says, "it's like a village."

The independent pharmacies are rooted in these neighbourhoods and thrive because they can adapt their stores to suit their particular communities. "An independent person can keep what they like in their shop," she says.

Furthermore, when independents look to sell up, they often like their pharmacy to stay within the independent community, Ms Dewhurst believes. "They want to sell to individuals, not to multiples," she says. "That's what you do if you're an independent, you keep the flag flying."

### London: the multiple view



**Angela Chalmers** works at the Boots store on Holloway Road in Islington. She says as a multiple among all the independents in the area, she feels like "the odd one out".

Ms Chalmers believes independents are popular within the area, and patient loyalty high. She says although pharmacies may be located very close together, patients often stick with their favourite.

Ms Chalmers believes the changing staff in multiples puts them at a disadvantage as that makes it harder to build up loyalty. "It's difficult to keep that continuity... and as multiples that's probably one of our disadvantages," she says.

Your QUESTIONS answered

## How can I inspire my pre-reg?

**I'm worried my pre-reg is getting bored. How can I make sure she enjoys her training and enthuse her about the pharmacy profession?**

Rowlands Pharmacy education, training and recruitment manager Sandra Hutchinson (pictured) responds:

A Start by reviewing the experience she has already achieved in her pharmacy.

You could then ask her to organise meetings with other healthcare professionals who use the pharmacy, such as GPs and nurses – the pre-reg tutor could help facilitate this. The RPSGB allows the pre-reg to have five days out of their pre-reg location, so work with her to plan a program for the five days to include interprofessional working with others in the healthcare team, including GPs, specialist nurses, substance misuse support services, health promotion services, and visits to GUM clinics.

To support this approach, residential training sessions could be planned to include visiting specialists from a range of disciplines, such as stoma, wound management or diabetes nurses.

The pre-reg could undertake a health awareness week in the pharmacy. The topic should be decided in conjunction with the pre-reg tutor, taking into account local work already in place, the health promotion calendar and PCT/health board work. This way, the pre-reg will see where her role fits into the wider picture of the pharmacist as part of the healthcare team.

Do you have a career-related question for C+D?

Email richardson@cmpmedica.com and we'll ask the experts

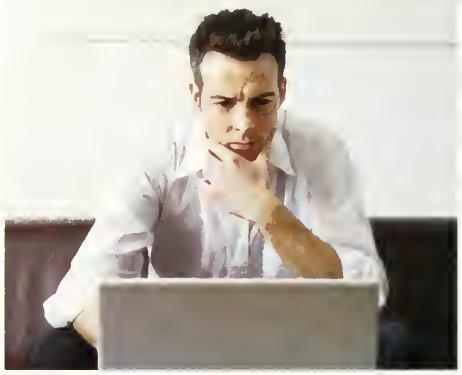
**Looking for a new job? Got a staff problem? C+D's new weekly careers section is your one-stop guide to making the right decisions**

# Write the perfect job ad

With everyone trying to attract the same candidates, how do you make sure your job ad stands out? Zoe Smeaton explains

**"Laid back pharmacy with** limited service offering seeks pharmacist willing to work long hours with difficult customers for a low hourly rate. No MUR incentives."

It's pretty obvious which job listings are going to send the best candidates running, but faced with a page of adverts all vying for the attention of the industry's most eligible job seekers, how do you make them want to pick up the phone and dial your number?



Numark member Shamir Patel is co-owner of the North Meols Pharmacy group in the north west, which employs over 100 people. He says that before you even think about putting pen to paper, you need to be clear in your own mind what the job is going to entail, and what your ideal candidate would look like. What skills are missing in your team and what personality type might fit in best? Shamir Patel advises: "You may know the job title, but in order to write the best ad you need to be totally clear what the role involves."

Keeping this ideal worker in mind, you could take inspiration from other adverts already out there. Shamir Patel says: "Once you have decided where you are going to place your ad, take a look at your competition." These should give you an idea what your ad will need to do to stand out from the crowd.

Another source of help could be your own staff. Ask them what attracted them to the pharmacy and what they enjoy about working there, then highlight these points first in your advert.

It is important to give readers a feel for your pharmacy. Is it busy with lots of staff, or might the pharmacist have to work on their own some days? Do you offer lots of innovative services, or could the pharmacist stay in the back dispensing for most of the day? There are likely to be pharmacists out there perfect for any of these scenarios, but you need to make sure you find the right one.

It is particularly important to mention salary and other financial benefits. Ravi Patel, C+D's Pre-registration Graduate of the Year 2008, says a key point to include is whether you offer incentives for services. He says while some pharmacists are "happy just to sit back and do dispensing", others would be keen to help with services but may want some reimbursement, for example for MURs. He adds: "It's not just about financial gain, but that would make people want to do it."

If you're trying to recruit locums, he says, you do need to tell them your hourly rate. "Some locums are locuming because it's more lucrative, so do put hourly rates in adverts to make sure no-one wastes their time," he explains.

Once you have the content sorted, take another look and ensure your ad sends out the right messages.

Christiana Ensam, a scientific recruitment consultant at agency Reed Scientific, says positive words such as "adaptable, proactive approach" rather than "willing to work long hours" can make all the difference. And Ravi Patel says even a detail as simple as the words "friendly staff" could be a deciding factor.

Miss Ensam also advises: "Always check and double check your spelling and grammar; avoid exclamation marks and writing in capitals that can make job ads difficult to read."

Along with the detail of the job itself, you'll need to give a closing date for application and details on how to apply. Shamir Patel advises offering an email address or mobile number as some candidates will only be able to call after work.

Above all, though, he says it's important to realise that although a job advert is the first step to attracting the right candidates, the process doesn't end there. He says it is also vital to follow up any enquiries from candidates positively, being friendly and receptive.

The advert might not be your only chance at convincing your perfect candidate, but it is your opportunity to attract their initial interest, so getting it right is worth the effort.

CAREER TIP of the week

**"Make a good impression on your interviewer by writing a brief letter of thanks for seeing you. This will put you one up on most, if not all, of the other candidates. And prepare for making a good impression next time by writing notes on how you feel you performed, and on anything you'll need to remember if called for a second interview"**

Adapted from Brilliant Interview, by Ros Jay
www.chemistanddruggist.co.uk/booksforjobhunters

C+D

**0207 921 8123**

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

**Contact:**
Andrew Walker
Chemist+Druggist (Classified),
CMP Medica Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8
F: 0207 921 8135

www.chemistanddrugg
awalker@cmpmedica.co

## Recruitment

### URGENTLY REQUIRED

**QP-PHARMACOVIGILENCE & QP-GMP**
for a Pharmaceutical company which specializes in Generic medicines and are expecting to receive Market Authorizations in UK, Sweden, Denmark, Norway, Finland, Portugal, Spain, Italy, France, Germany, Netherland and Belgium in the next 12 months.

Please reply to:
PO Box 702, Chemist+Druggist,
CMPMedica-part of United Business Media, Ludgate House, 245 Blackfriars Road, London SE1 9UY

### PRESTON - DEEPDALE PHARMACY

Require a

**Pharmacist & Dispenser**

Hours and salary to be negotiated

An exciting opportunity to become part of a multi professional health centre team

For more information please contact Deepdale Pharmacy on **01772 867251** or email **info@hbsgrp.com** to register your interest

houlihan pharmacy group

### GLASGOW IE SOUTH SIDE

Dynamic, self motivating **Pharmacist** required for community pharmacy group. Excellent salary and benefits packages. Suit experienced pharmacist. Full back office support.

**Please send CV to**
**info@houlihanpharmacy.com**
**as soon as possible**

### C+D Jobs

We have over 350 current jobs live on the site – visit
www.chemistandrduggist.co.uk/jobs
to find your perfect vacancy.
To advertise in this section please contact Andrew Walker on
0207 921 823 or email
awalker@cmpmedica.com

## Stock Taking

### POL Valuers

"THE PROFESSIONAL STOCKTAKING SERVICE"

Pharmaceutical Stocktakers for over 30 years.

Please contact: Peter O'Leary, FTVI Tel: 01702 474954

Suite 2, Oriel House, 53 Elm Road, Leigh On Sea, SS9 1SP

www.polvaluers.co.uk pol@polvaluers.co.uk

## Pharmacies Wanted

### ERNEST J. GEORGE & COMPANY

*Established 1926*

Businesses for sale

**SPECIALIST NATIONWIDE PHARMACY STOCKTAKING SERVICE AND PHARMACY BUSINESS VALUERS & SALE AGENTS**

*Our staff are all Pharmacy specialists and experienced in this industry. We are an independent company that act solely on the vendor's behalf and have many enquiries from potential buyers waiting to acquire pharmacies nationwide*

Fantastic opportunity to acquire a recently opened pharmacy in the North West area. T/O approx 300k based on 2,500 per month and increasing, leasehold premises with easy trading hours.

For further information please contact

NORTHERN OFFICE
(Business Sales and Stocktaking)
0161-477-9045
enquiries@ejgeorge.co.uk

SOUTHERN OFFICE
(Business Sales only)
01727-861964
email: anjana@bulsara.com

## Locums

### LOOKING FOR AN ACCOUNTANT WHO HAS EXPERIENCE IN PHARMACY

AUKER-RHODES MODI-PLUS

*Want to get paid when you can't get booking?*
*INCOME PROTECTION PLAN...*

*For further details, please order your personal copy of the latest PHARMACISTS' HANDBOOK 08/09*

**Email: Locumspress@aol.com**
**Fax: 01268 781623**

## Pharmacies Wanted

# Selling Your Pharmacy?

Using Hutchings Consultants Ltd can lead to a substantial increase in the sale price.
See the summary below of a real case history of one of our clients.

A Derbyshire pharmacist had been negotiating the sale of his pharmacy privately. We took over the sale and achieved an increase in price of 23%. Below is a quote from the letter that was sent to us following the sale:

*"You obtained several offers for the shop which managed to push the price up higher than we ever expected."*

If you would like a FREE valuation, or confidential discussion about selling your pharmacy call Anne Hutchings on:

**01494 722224**

**www.hutchings-pharmacy-sales.com**

Hutchings Consultants Ltd

*"We are the only NPA approved supplier for selling your pharmacy"*

NPA National Pharmacy Association Approved Supplier

## Products & Services

# NEW 5 in 1 PRINT STAND

exclusively from EZEE COPY

- Passport Photos
- Instant Photos
- Colour Copies
- CD Burning
- B&W Copies

*... all on one compact stand!*

CALL NOW FOR MORE DETAILS

45cm 45cm

*Up to 400% profit margin*

FREEPHONE 0800 801 992

EXCLUSIVE SUPPLIER TO The co-operative SPAR PayPoint

DELIVERY NATIONWIDE

## Products & Services

Mashco

Oral-B

SAVE £10

+1 FREE HEAD

Vitality Precision Clean™ Rechargeable Toothbrush
CODE: BRAD12PC

NOW £20 NET:£12.20

Oral-B Precision Clean™ 2+1 FREE Brush Heads
CODE: BRAEB17B3PROM

SSP £8 NET:£4.50

FULL RANGE OF POWER TOOTHBRUSHES AND BRUSH HEADS AVAILABLE

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com

# sexual health resources

Marie Stopes International helps over 100,000 women and men every year with their reproductive and sexual health.

We produce a range of information leaflets helpful for chemists and pharmacies on unplanned pregnancy, abortion, chlamydia, vasectomy and sterilisation.

Call for a **FREE** sexual health pack on
**020 7034 2382**
**www.mariestopes.org.uk**

MARIE STOPES INTERNATIONAL

## Shop Fitters

**www.CMpharmacyinteriors.com**

London Showroom

Full Design & Installation Service

Pharmacy Shelving - Dispensaries - Consultation Areas

CM System, 567 Eastern Avenue, Gants Hill, Ilford, Essex, IG2 6PJ

**Tel: 020 8518 1986**

C+D

Chemist+Druggist remains the clear leader in influencing stock decisions, and is rated the best source of information for pharmacists*

To educate, and inform the retail pharmacy market via C+D please contact Andrew Walker on
**0207 921 8123** or email **awalker@cmpmedica.com**

*Linda Jones Associates Industry Survey

## Tax Consultants & Accountants

### ARE YOU PLANNING TO SELL YOUR PHARMACY IN THE NEXT 5 YEARS?

*Let us help you to maximise your profits by grooming your business for future sale.*

We can advise you on:

- How to structure your business to minimise your tax bill when you sell.
- Increasing your turnover.
- Increasing your gross margin.
- Monitoring your expenses.
- Benchmarking your business against similar pharmacies.

For more information please visit:

**www.pharmacyexperts.com**

or contact **Anne Hutchings** on:

**01494 722224**

Facsimile: 01494 434764

Email: anne@hutchingsandco.com

h&co. Hutchings & Co.

**Leading Tax Consultants and Accountants for Pharmacies**

## Shop Fittings


- 15 Years of Experience
- Nationwide Coverage
- Concept, Design & Planning
- Manufacture, Fitting & Installation
- The Complete Shop-fitting Solution

**www.rapeed.co.uk • 0800 9700 102**

### SELLING YOUR PHARMACY COULD BE A BITTER PILL TO SWALLOW

**MODIPLUS CAN HELP TO:**

- Maximise the sale price
- Reduce your Capital Gains Tax to 10% of the gains
- Plan to minimise Inheritance Tax liability
- Introduce you to potential buyers on our database
- And much more...

*"Selling my pharmacy could have been a very stressful process. However Modiplus helped me to sell my business by maximising my tax savings. It's the best step I have taken by appointing Modiplus to act for me while selling my business."*

**MR M PATEL, FORMERLY OF TRIDENT (UK) LTD, LONDON**

**For more information or for a FREE consultation please call Umesh on:**

**020 7383 3200**

Offices in London and Manchester

**www.modiplus.co.uk**

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

The Institute of Chartered Accountants in England & Wales

modiplus™ ADDING VALUE

# postScript

## Open Mike — Mike Hewitson

### The not-so-secret diary of a new pharmacy owner

**Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, he bought his first pharmacy in deepest, darkest Dorset – 100 miles from his former home in Cheltenham. In this regular column, follow Mike's fears, frustration's and step-by-step successes as the new owner of Beaminster Pharmacy.**

> "I want to show that I am prepared to stand up for what I believe in"

Last week I wrote about problems with the accuracy of one of our PPA payments; this week I decided to do something about it.

All too often, us pharmacists tend to be far too reasonable about things that ought to make us angry. As a profession, it feels we lack fight, particularly when it comes to arguing with the Department of Health for more cash.

Sometimes I think we should get doormats made with the word Pharmacy printed on them. We could then send them to the DH, PPA, Dispensing Doctors' Association, and even the Society, because it feels like we get walked all over.

One of my favourite quotes is from Gandhi, who said: "You have to be the change that you want to see in the world." In this case, I want to show that I am prepared to stand up for what I believe in.

So I've written a letter of complaint to the PPA about the problems – with their systems – which led to my payment being incorrectly processed. As daunting as it is taking on an organisation the size of the PPA, I feel that we have got to fight to get a better system, rather than simply moaning about it.

## Zombies? Dr Who? No chance

Yet another duo of on-screen pharmacists has joined our rogues gallery of fictional dispensers.

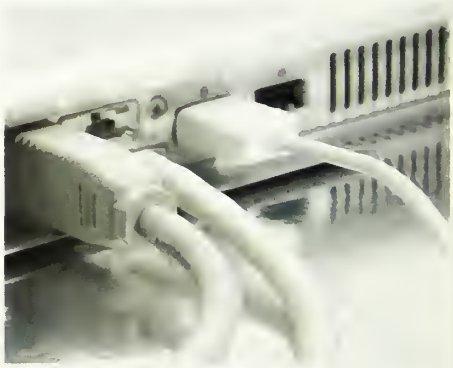
First we have Russell Norton, confidant of the main character Grace in US sitcom Grace Under Fire.

But PostScript is more impressed to add Selena – the machete-wielding pharmacist in Oscar winner Danny Boyle's flick 28 Days Later – to the collection.

After surviving a zombie apocalypse with barely a hair out of place, Selena – played by actress Naomie Harris – then takes on a British Army unit led by former Dr Who Christopher Eccelston. At the end of the film, Selena is still standing; the zombies and Eccelston are not.

Thanks to Robert Fox of Gomersal Pharmacy for alerting PostScript to these glaring omissions.

## Short circuit



PostScript regularly updates its online blog, and so is a little concerned at recent comments suggesting the hours spent tapping away on the web are affecting its health.

Taking a poke at Facebook and other social networking sites, psychologist Dr Aric Sigman has claimed the reduced face-to-face interaction caused by goggling at the computer all night is playing havoc with the nation's physiology.

Reduced social contact, Dr Sigman concludes in his article in The Biologist, can lead to an increased risk of morbidity and mortality.

PostScript intends to use this information wisely; it's the perfect justification for more trips to the pub.

## Web comment of the week

**Prime Minister thanks pharmacy sector**
Posted by K Dhanoa on 23/02/2009,11:31

> "Mr Brown, if you want to **support** pharmacy then the **proof** is in your **action**, stop wasting time and sort out pharmacy **remunerations**"

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk/register

**What have you and your team been up to lately?**
**Let us know and send us your photos.**
**Email postscript@cmpmedica.com**

Practice certificate in PHARMACY MANAGEMENT

# PCiPM

## Practice Certificate in Pharmacy Management

# Be a better manager

The Practice Certificate in Pharmacy Management is a distance learning course delivered in association with Medway School of Pharmacy. It is designed for anyone who manages, or aspires to manage, a community pharmacy.

Ten training modules make up two Short Courses within the Medway Short Course Pathway. Each course, on completion, is worth five points towards a postgraduate Certificate qualification.

- **Building your team**
- **Leadership and communication**
- **Managing yourself**
- **Corporate governance**
- **Communication in organisations/meetings**
- **SOPs and audit**
- **Managing risks and solving problems**
- **Strategic planning**
- **Project management and change**
- **Marketing your business**

To register for the PCIPM course, please complete the form below and return to Pauline Sanderson, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE. Tel: 01732 377269.
Email: psanderson@cmpmedica.com

CUT HERE

**Registration fee (including course materials and assessment for all 10 modules) £110**

Name:

Address:

Postcode:

Email: Daytime phone number:

**Please charge my** ❑ debit card ❑ credit card **Card type:** ❑ Maestro ❑ Visa ❑ Mastercard

Card number: Expiry date:

Name on card

❑ I enclose a cheque made payable to UBM Information Limited

CMPMedica would like to keep you up to date about our products and servicesfor healthcare professionals. (Please note our emails may also include information from other carefully selected companies that may be of interest to you. Your details WILL NOT be passed on to third parties without your consent. If at any time you do not wish to receive information from CMPMedica, please write to Emily Miles, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE
You can view our privacy policy at www.chemistanddruggist.co.uk/privacypolicy

in association with
Medway School of Pharmacy

University of Kent

the University of Greenwich

Supported by an educational grant from McNeil Products Ltd.


# Paracetamol tablets Reinvented

Introducing New Panadol Advance 500mg tablets, specially formulated with Optizorb™ to **disperse in the stomach up to 5 times faster** than ordinary paracetamol.[1] Recommend it to customers so they can begin their countdown to effective pain relief.

**Panadol Advance 500 mg Tablets**
**Product Information.** Panadol Advance 500 mg Tablets (paracetamol). Contains disintegrant system to accelerate dissolution. **Uses:** Mild analgesic and antipyretic. **Dosage and administration:** *Adults and children, 12 years and over:* Two tablets at ≥ 4 hour intervals. Max. 8 tablets in 24 hours. *Children 6-12 years:* Half to one tablet at ≥ 4 hour intervals. Max. 4 tablets in 24 hours. Do not use for >3 days without doctors advice. *Children under 6 years:* Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Severe renal/hepatic impairment, non-cirrhotic alcoholic liver disease. Concomitant use of warfarin/other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. Refer to doctor if persistent headache or non-serious arthritis requiring daily analgesia. **Pregnancy/breastfeeding:** *Pregnancy:* Refer to doctor. *Breastfeeding.* Not contraindicated. **Side effects:** Hypersensitivity including skin rash, blood dyscrasias. **Overdosage:** Immediate medical advice due to risk of delayed, serious liver damage. **Legal category:** 16's GSL, 32's P. **Product licence number:** PL 00071/0441. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compack 16's £1.45, 32's £2.79. **Date of last revision:** November 2008.
**Panadol** is a trade mark of the GlaxoSmithKline group of companies.

**Reference:**
1. Wilson C *et al.* Abstract PH 217, International Association for the study of Pain 12th World Congress on Pain, Glasgow, Aug 2008.

MyPharmAssist.co.uk
Pharmacy Community

GlaxoSmithKline
Consumer Healthcare

*In the stomach